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(54) **DEVICES AND METHODS FOR
GASTROINTESTINAL BYPASS**

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See application file for complete search history.

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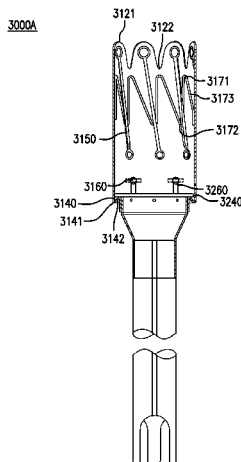
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(57) **ABSTRACT**

Devices and methods for gastrointestinal bypass are
described. A gastrointestinal bypass device includes a gas-
trointestinal cuff and a gastrointestinal sleeve. The cuff may
be configured to be attached in the esophagus, and may be
sufficiently flexible to expand and collapse to conform with
the inside of the esophagus to allow the esophagus to function
substantially normally. The sleeve is configured to be coupled
to the cuff, and may be made of a material that is floppy or
flaccid but does not substantially expand radially.

11 Claims, 52 Drawing Sheets



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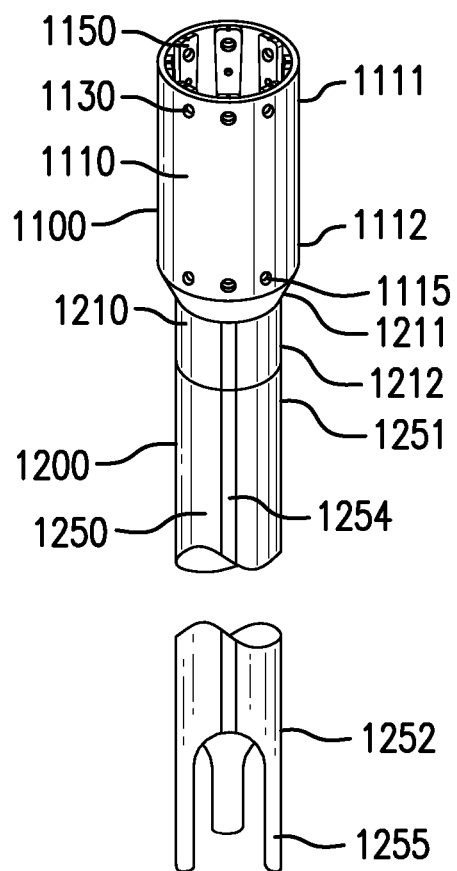


FIG. 1A

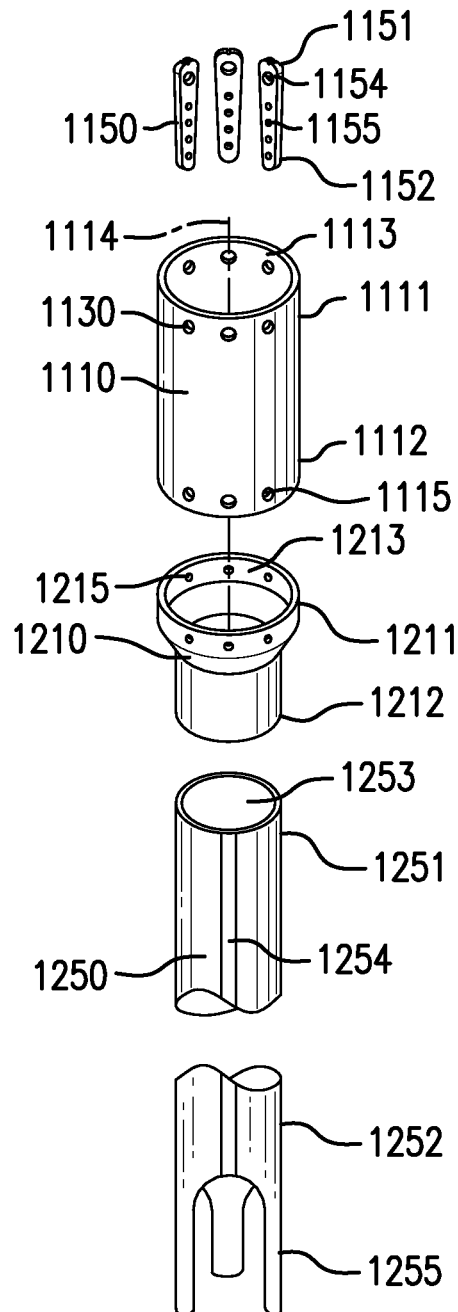


FIG. 1B

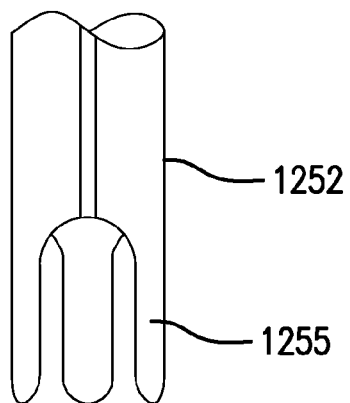
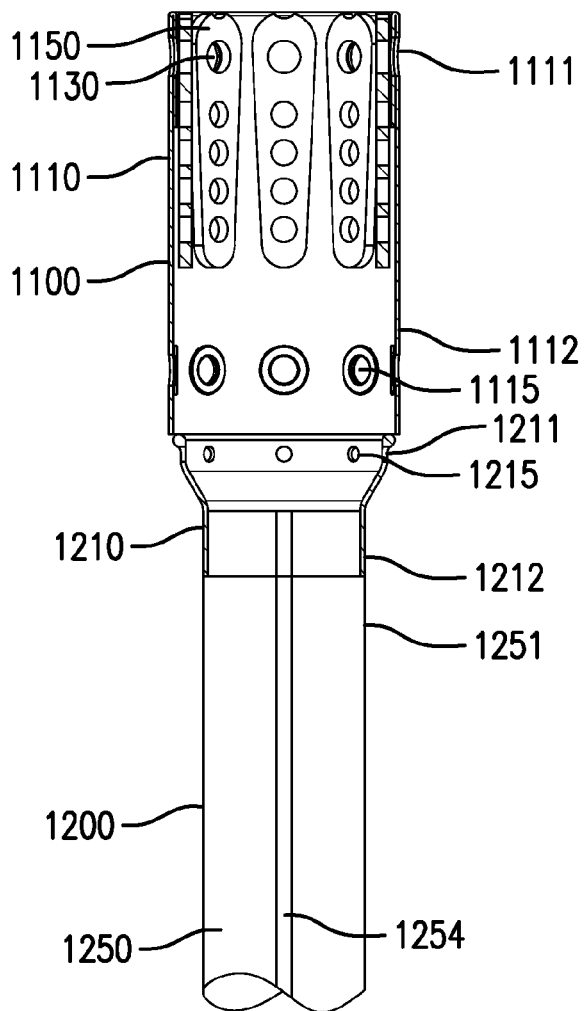


FIG. 1C

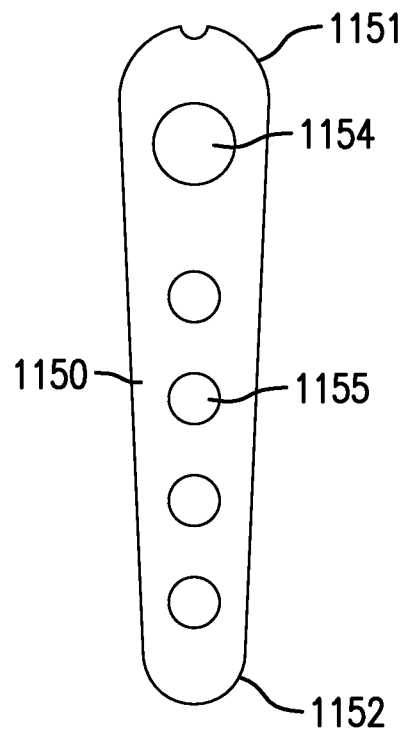


FIG. 1D

2000

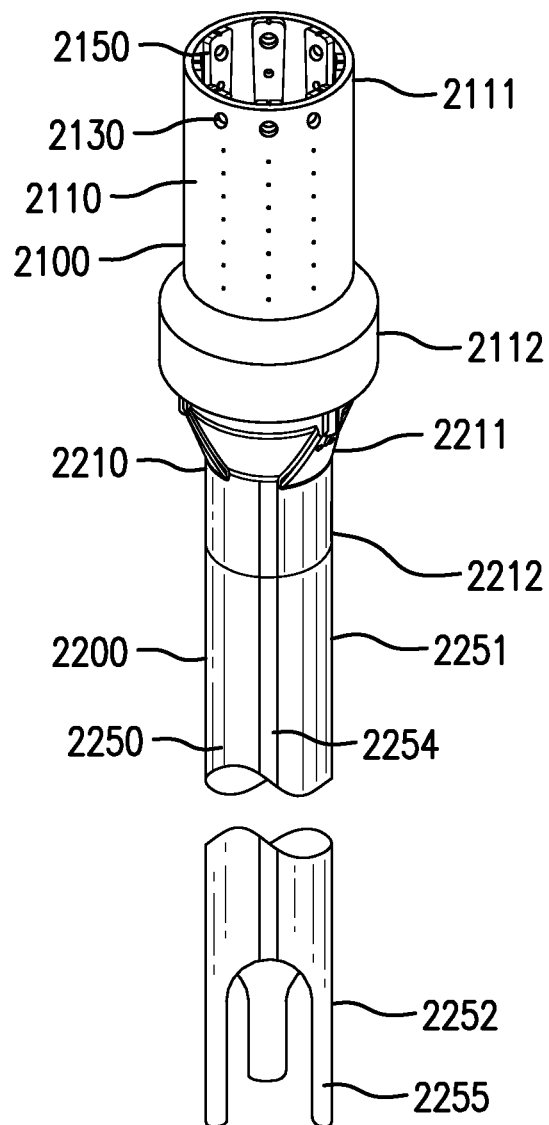


FIG.2A

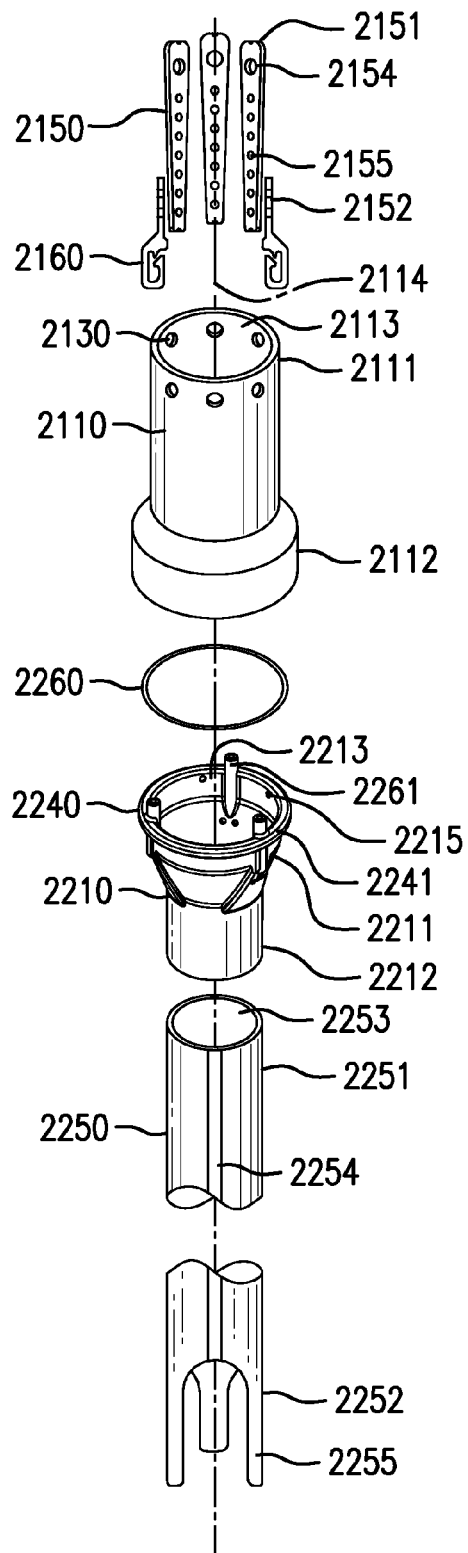


FIG. 2B

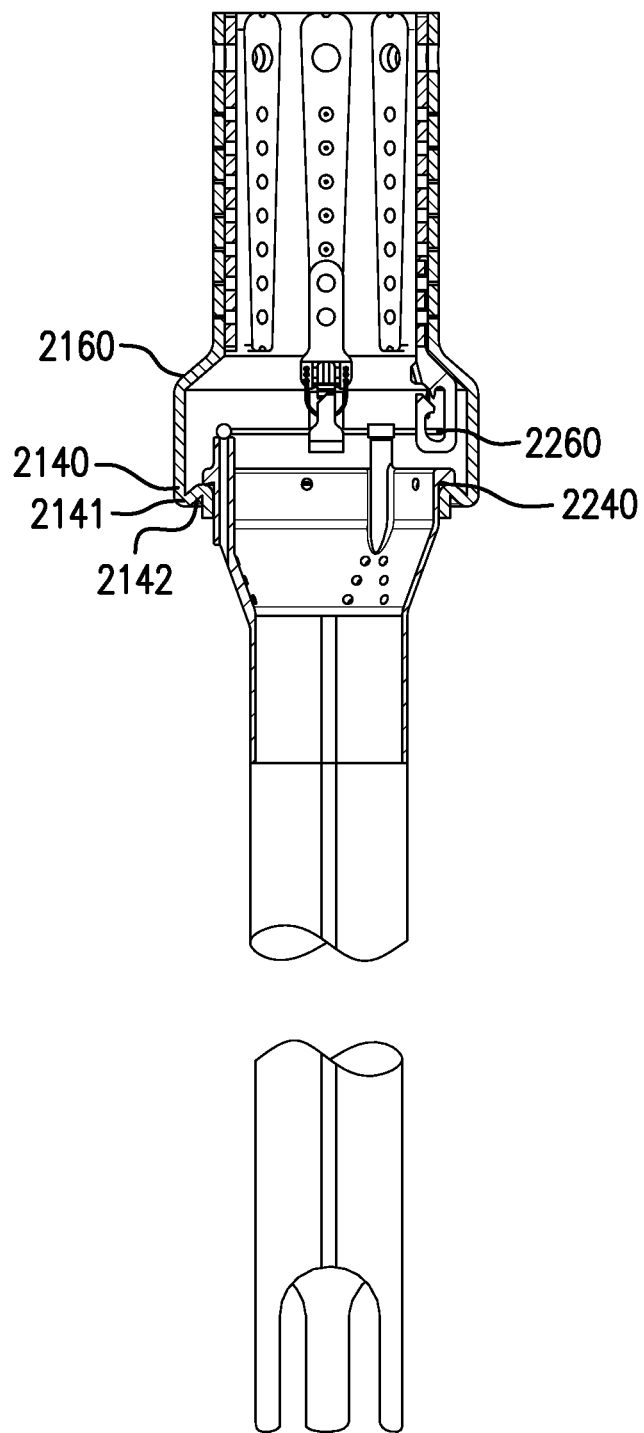


FIG. 2C

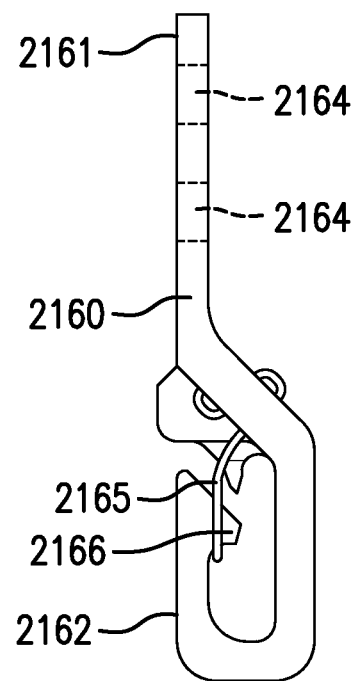


FIG. 2D

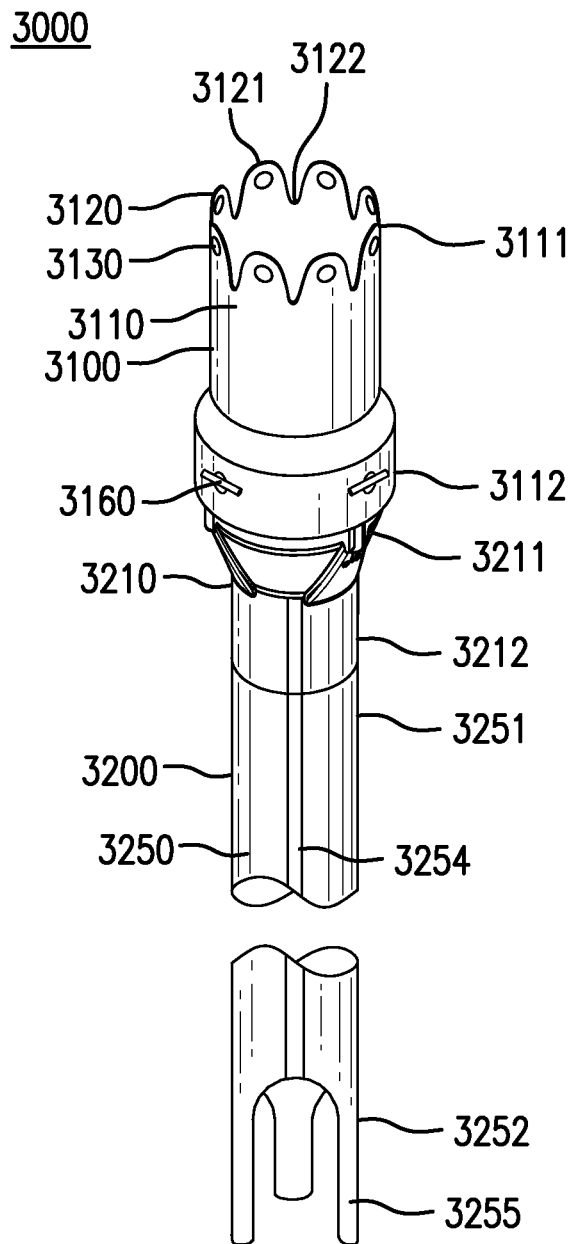


FIG. 3A

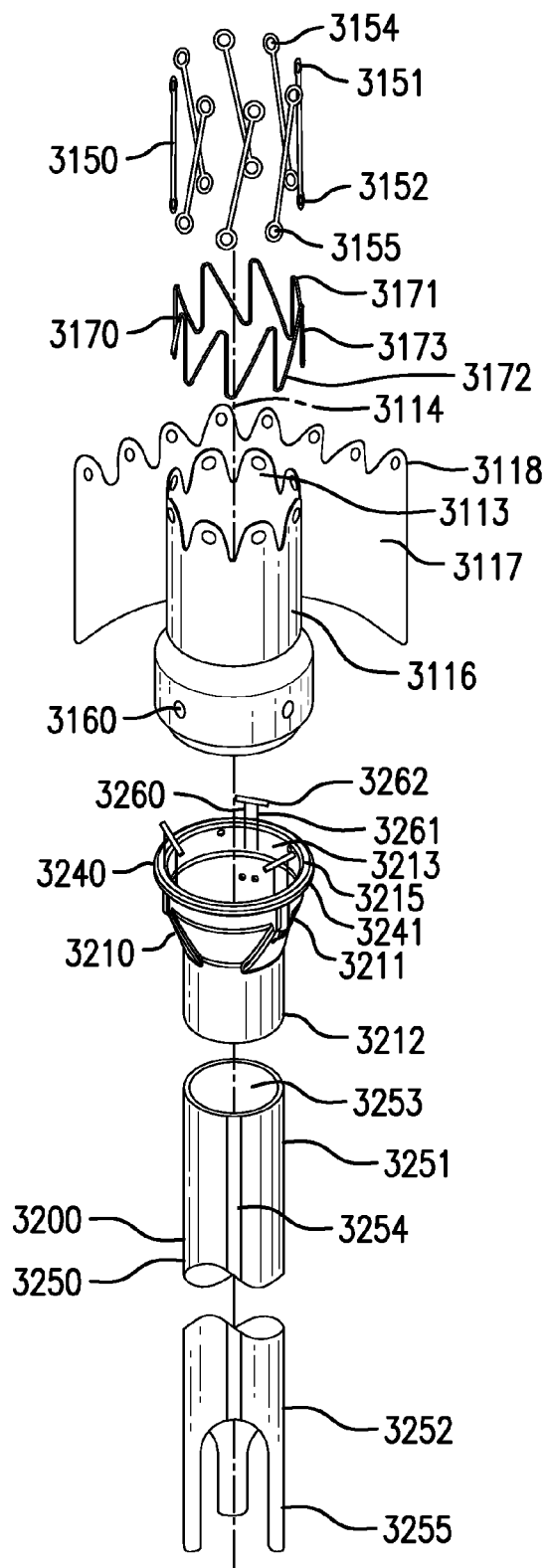


FIG. 3B

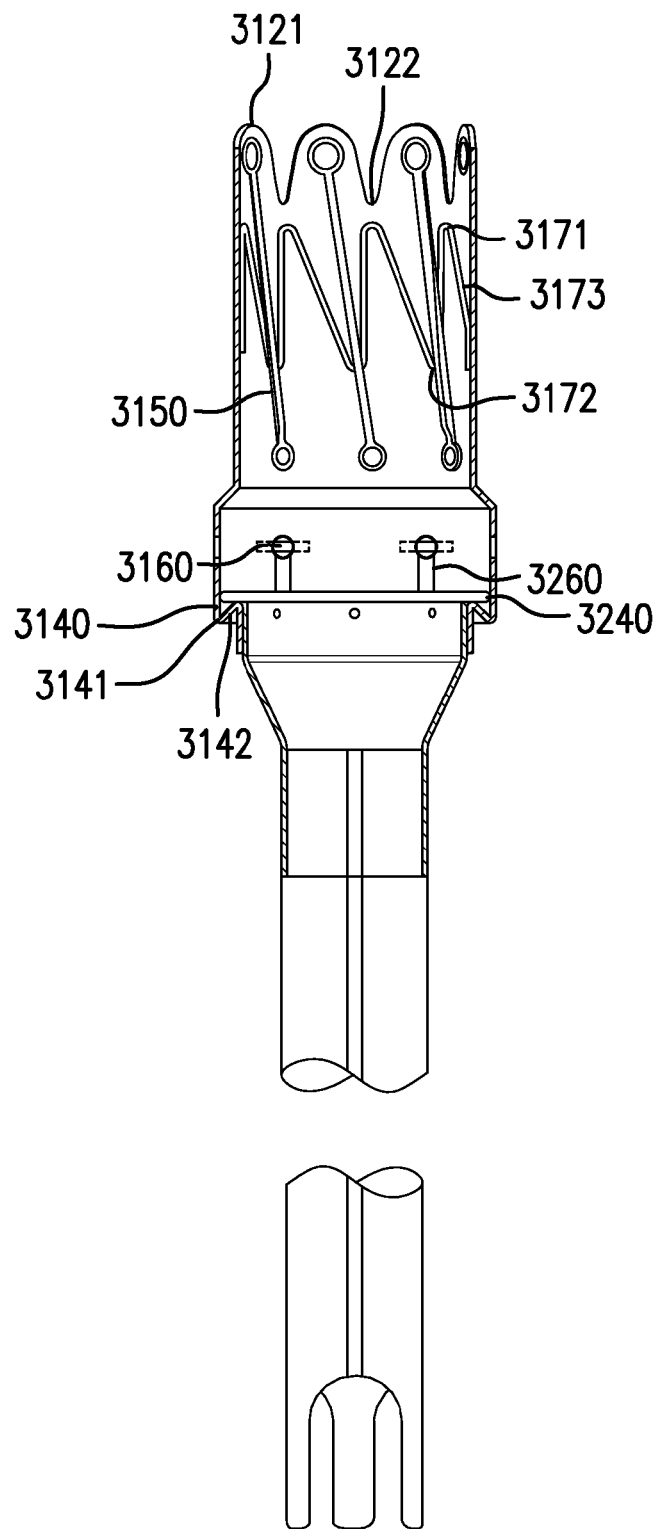


FIG. 3C

3000A

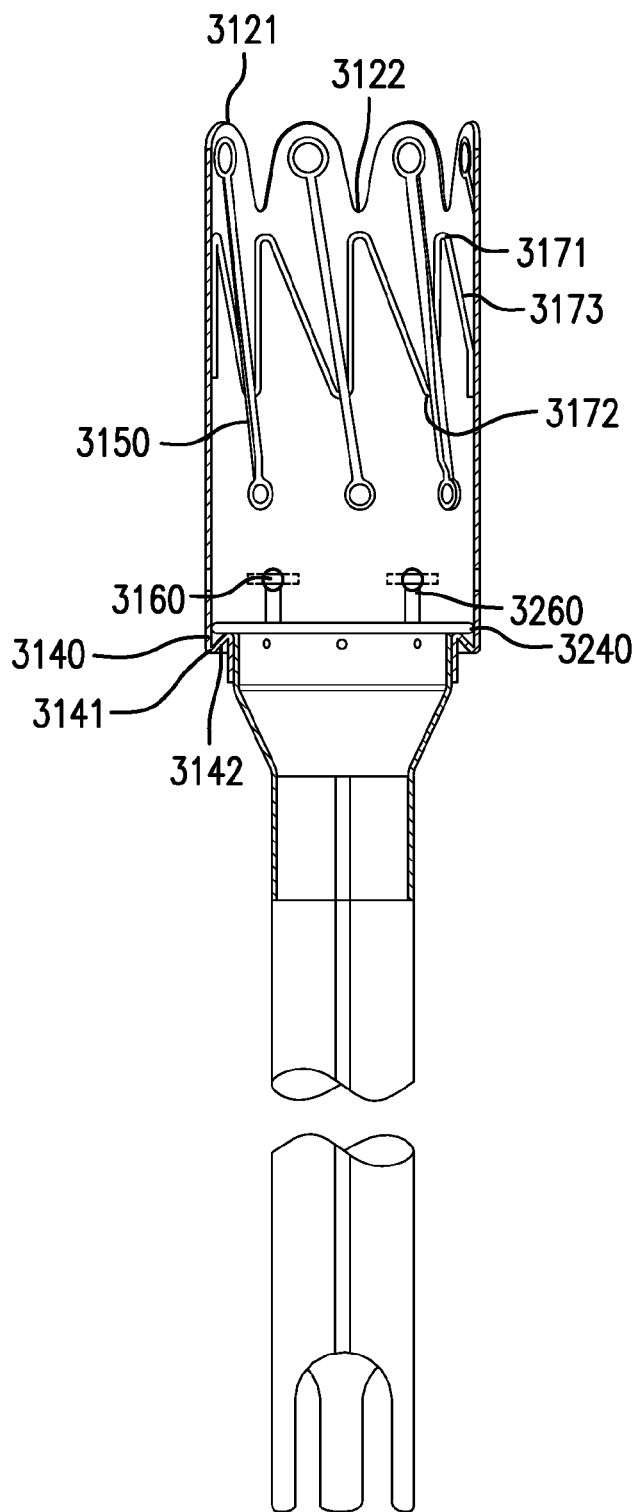


FIG. 3D

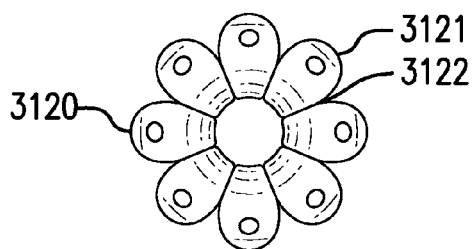


FIG. 3E

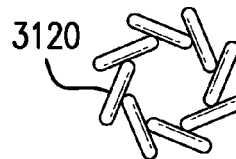


FIG. 3F

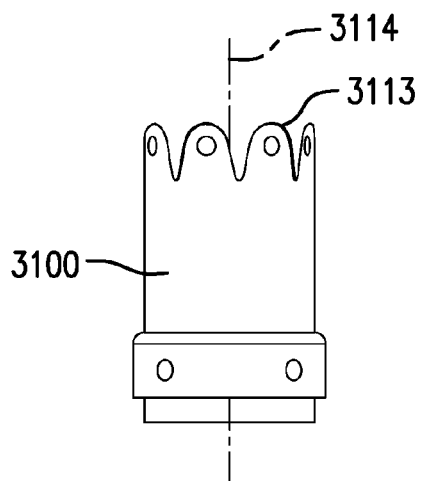


FIG. 3I

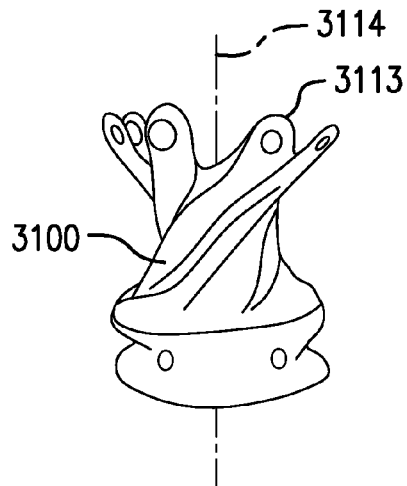


FIG. 3J

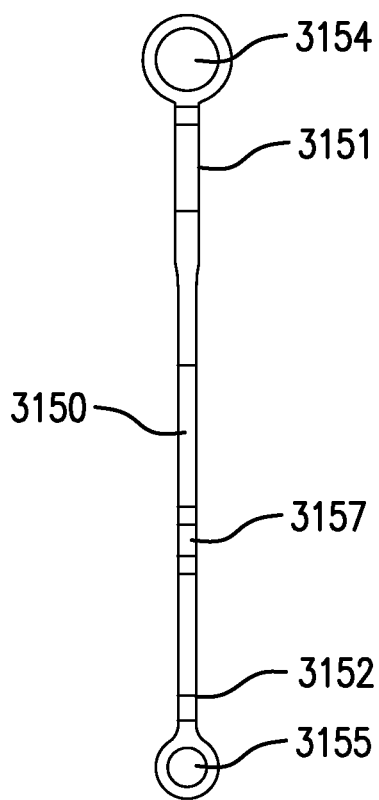


FIG. 3G

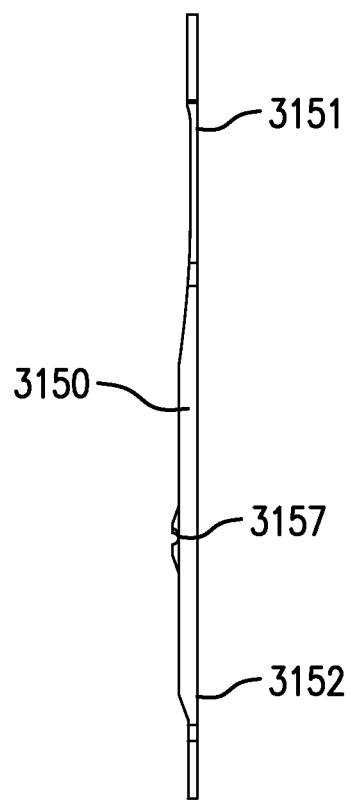


FIG. 3H

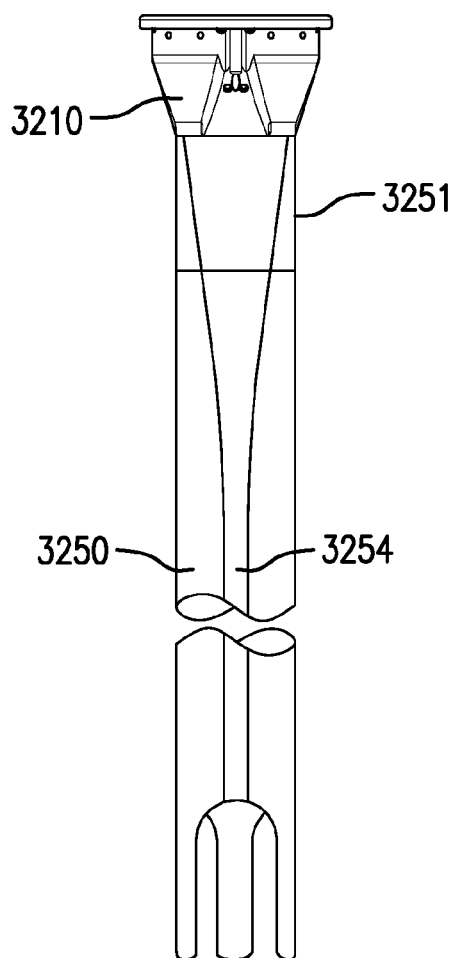


FIG. 3K

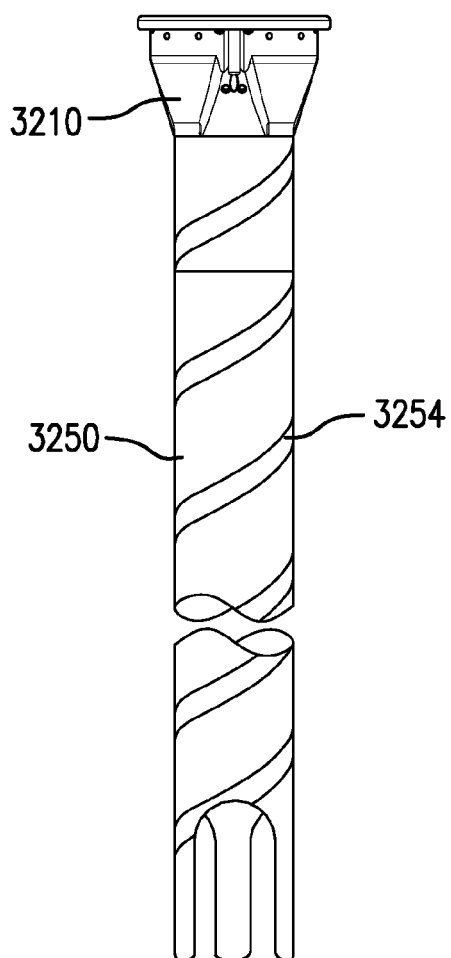


FIG. 3L

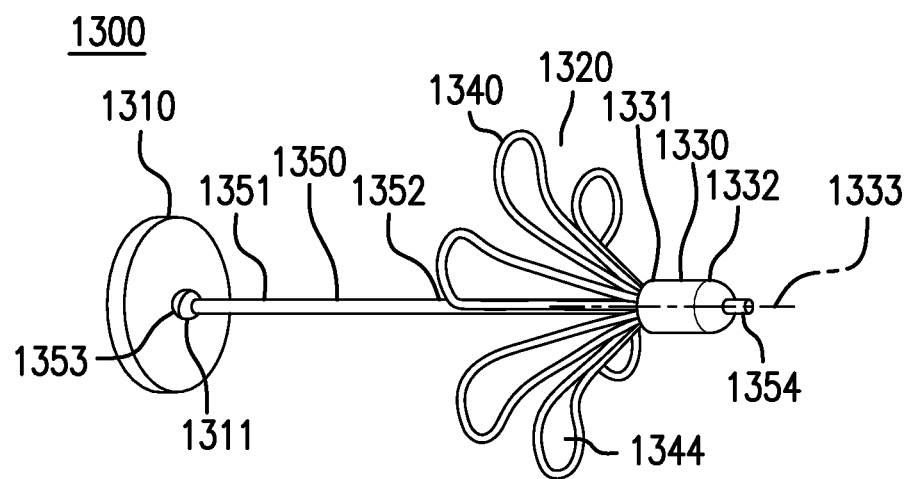


FIG. 4A

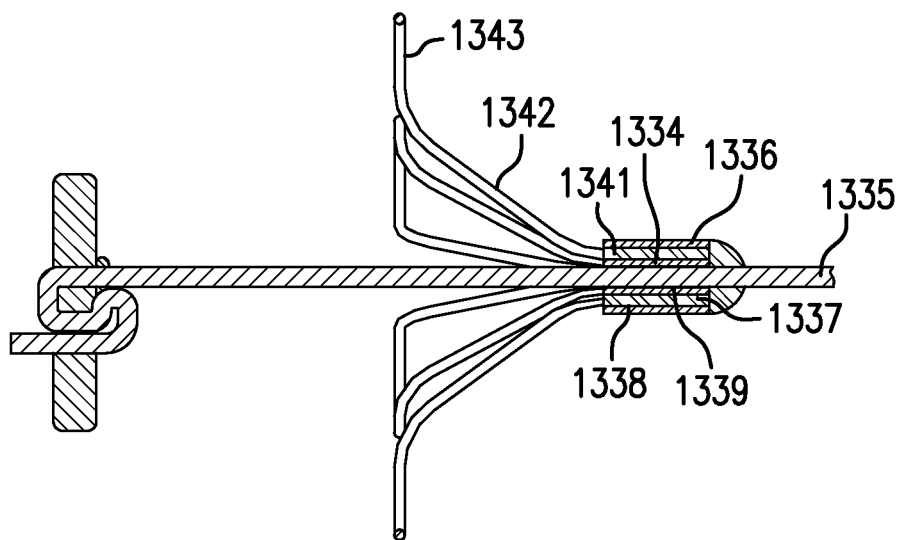


FIG. 4B

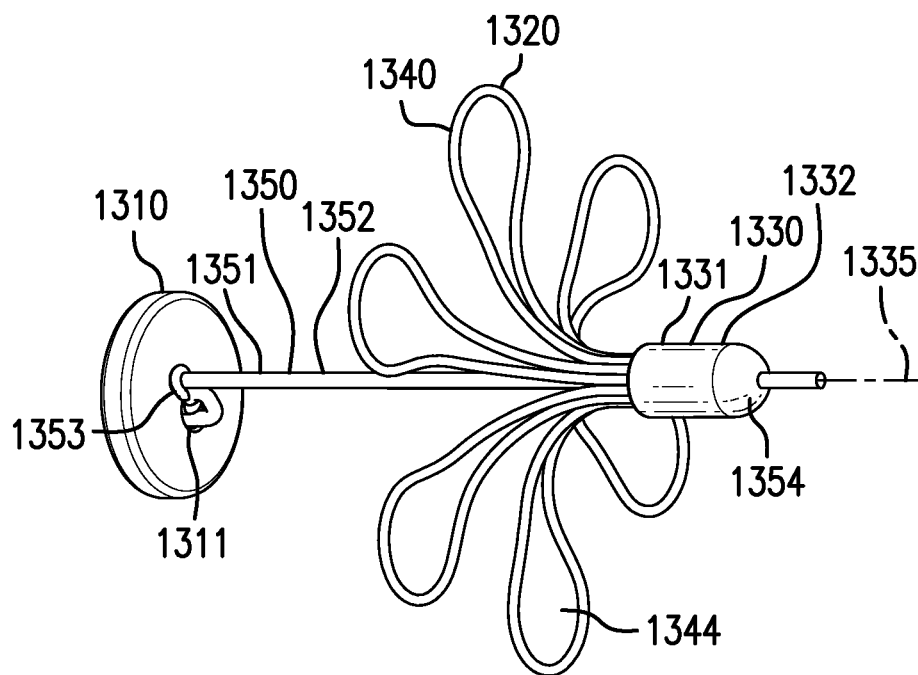


FIG. 4C

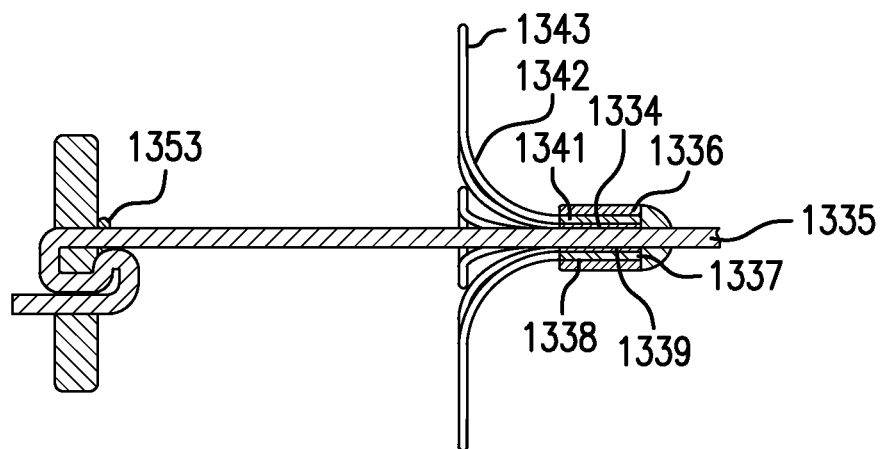


FIG. 4D

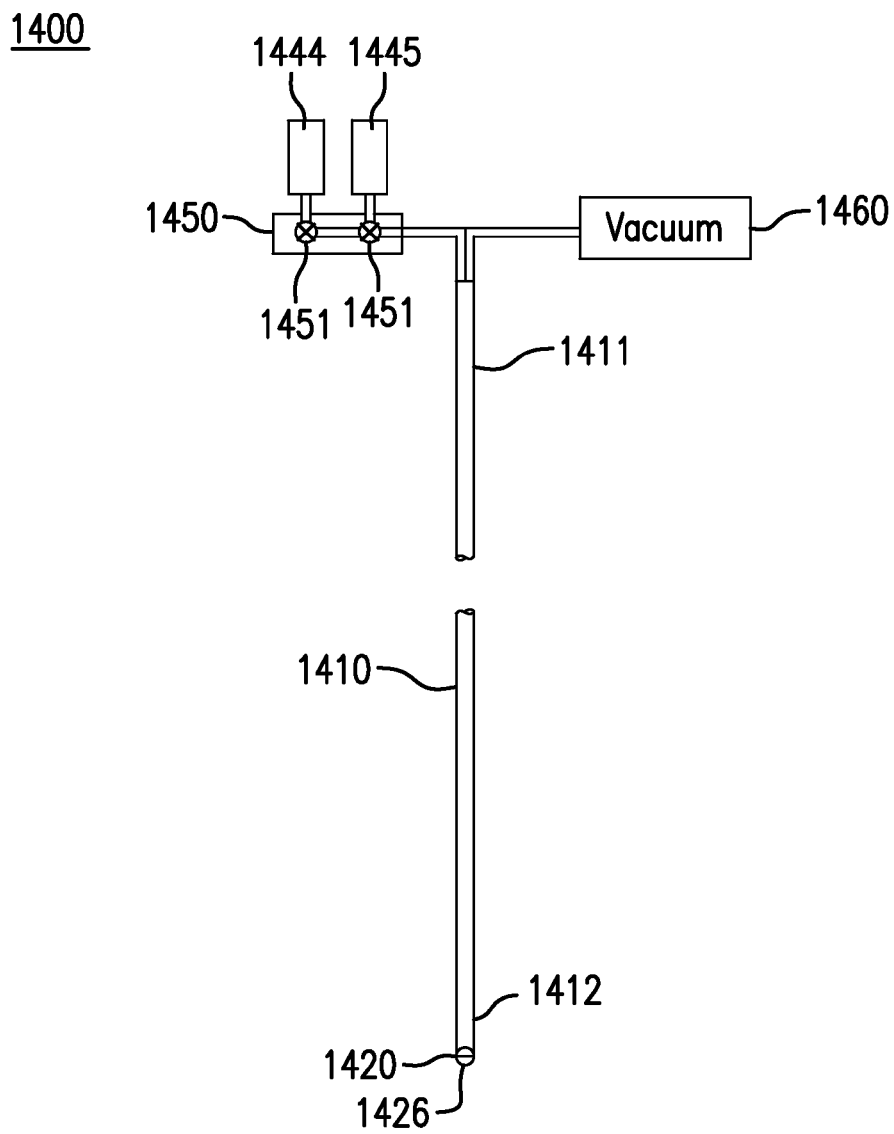


FIG. 5A

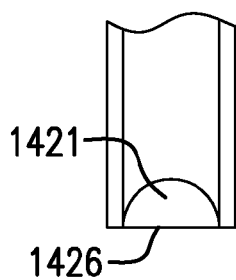


FIG. 5B

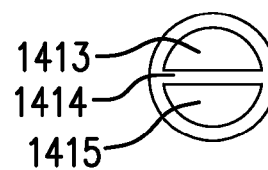


FIG. 5C

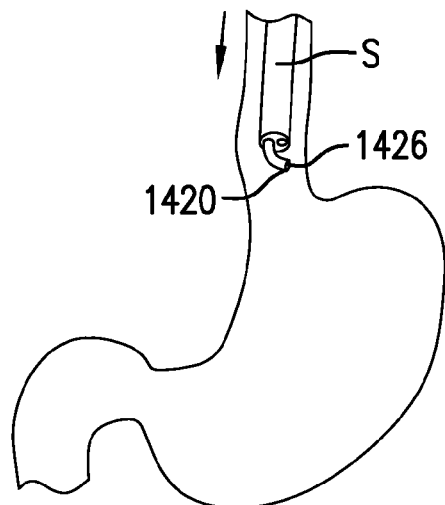


FIG. 6A

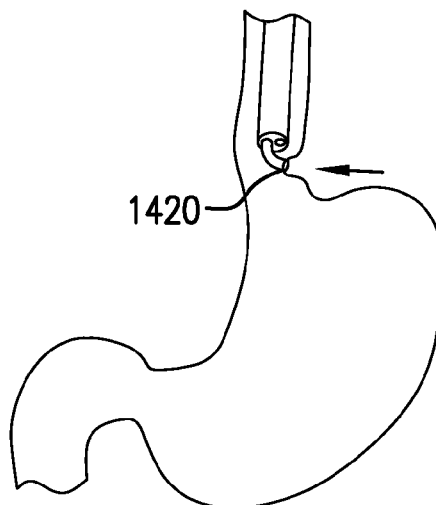


FIG. 6B

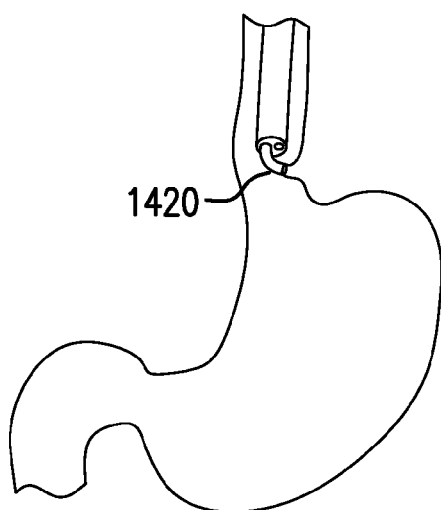


FIG. 6C

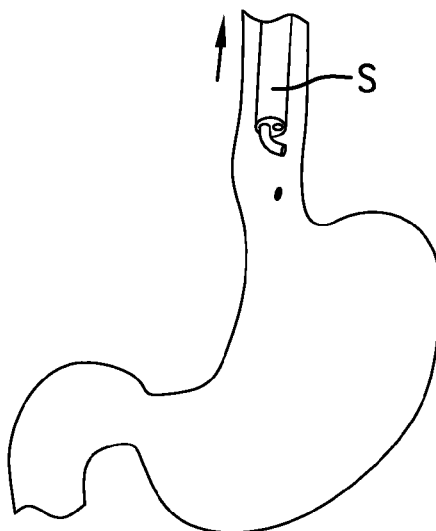


FIG. 6D

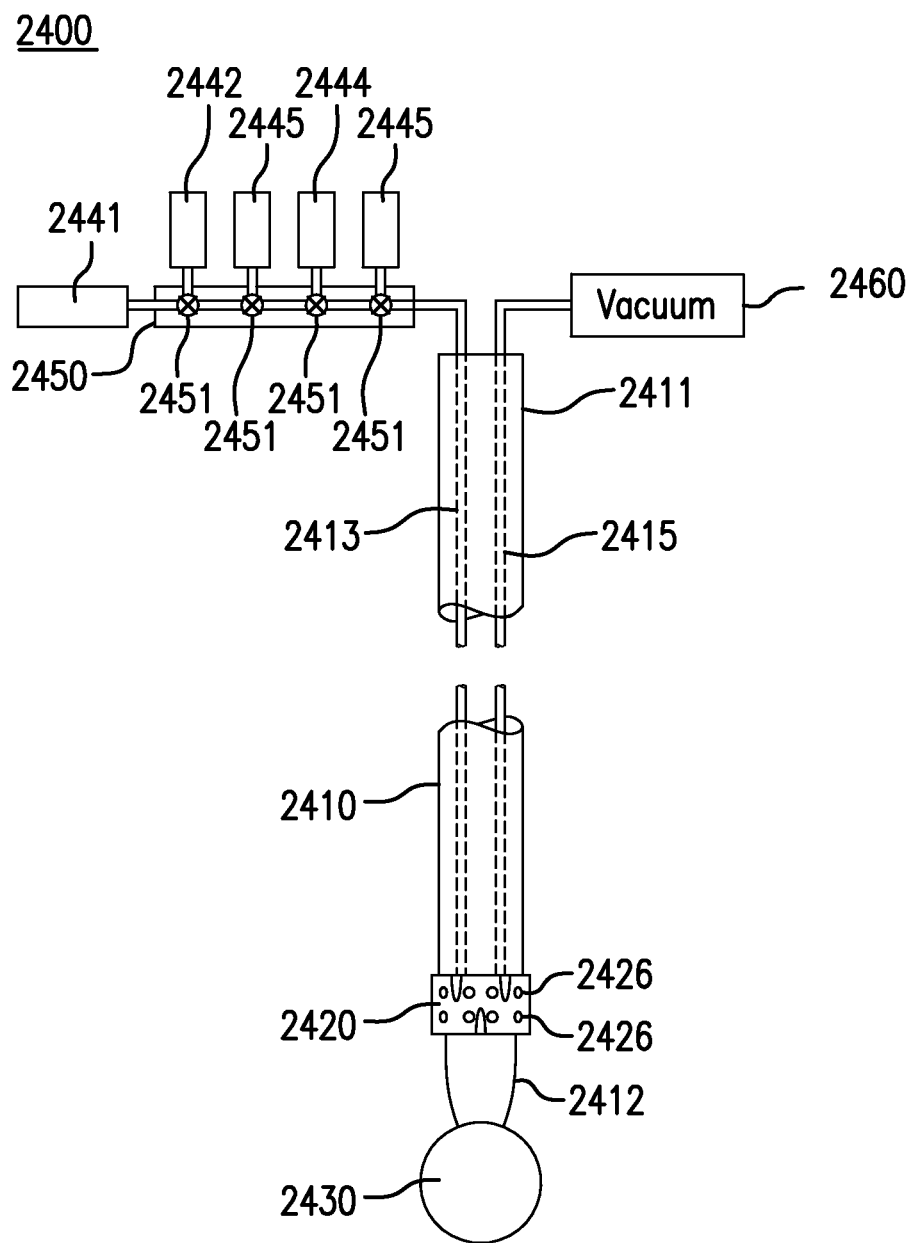


FIG.7A

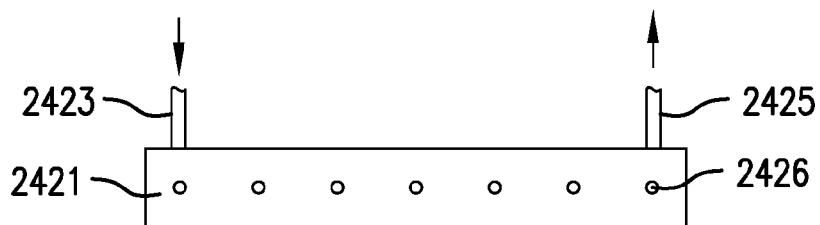


FIG. 7B

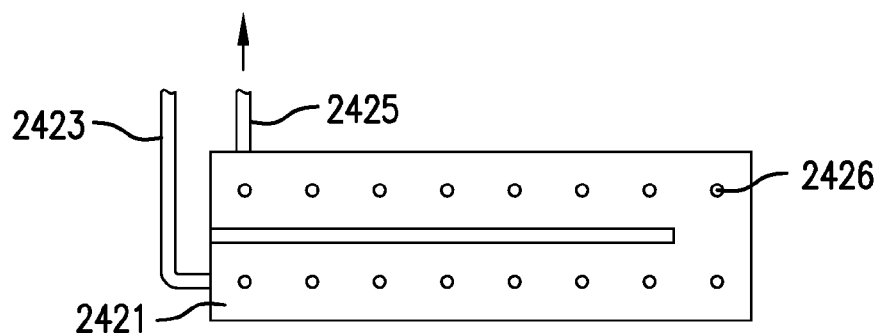


FIG. 7C

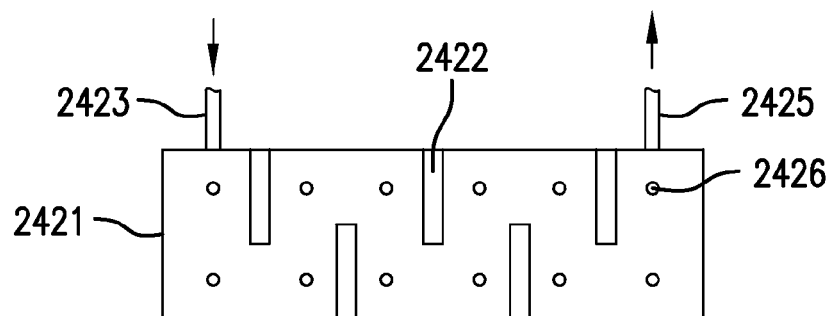


FIG. 7D

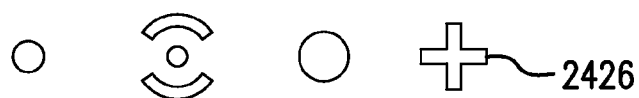


FIG. 7E

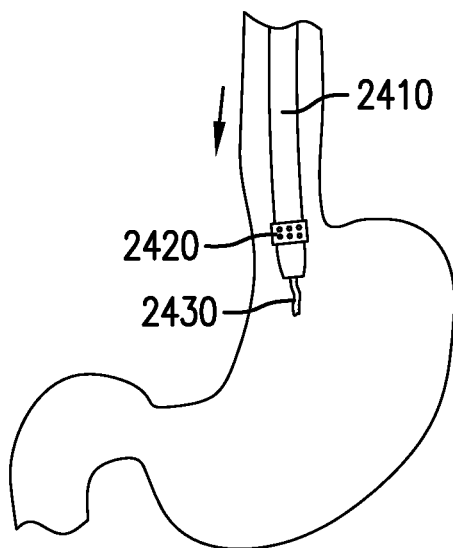


FIG. 8A

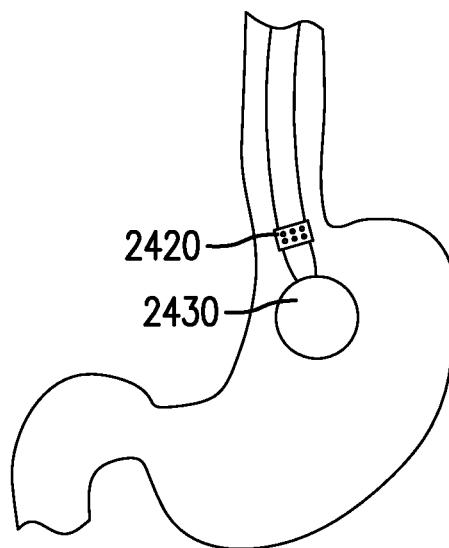


FIG. 8B

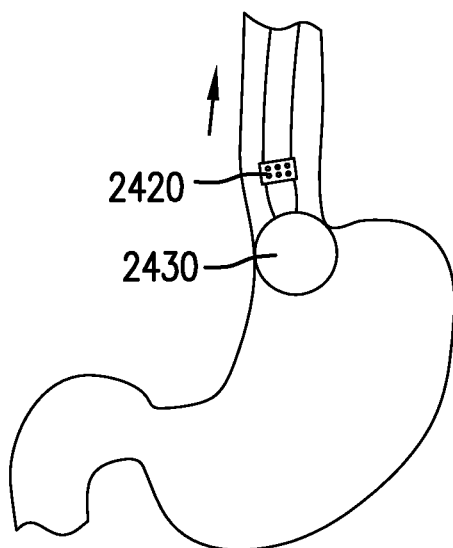


FIG. 8C

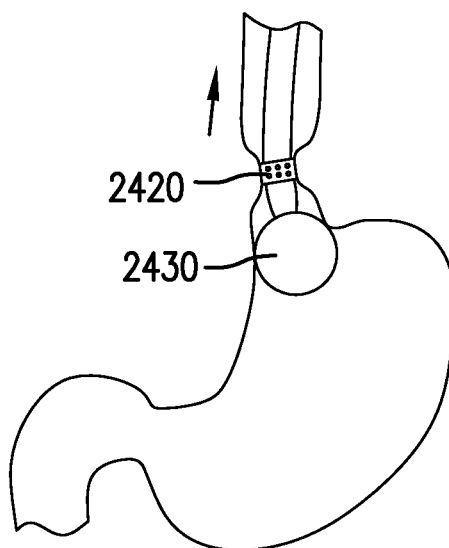


FIG. 8D

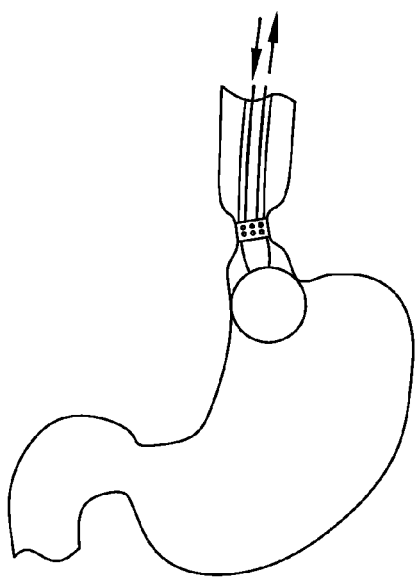


FIG. 8E

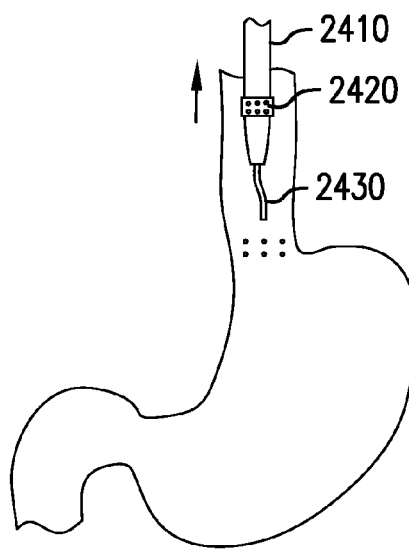


FIG. 8F

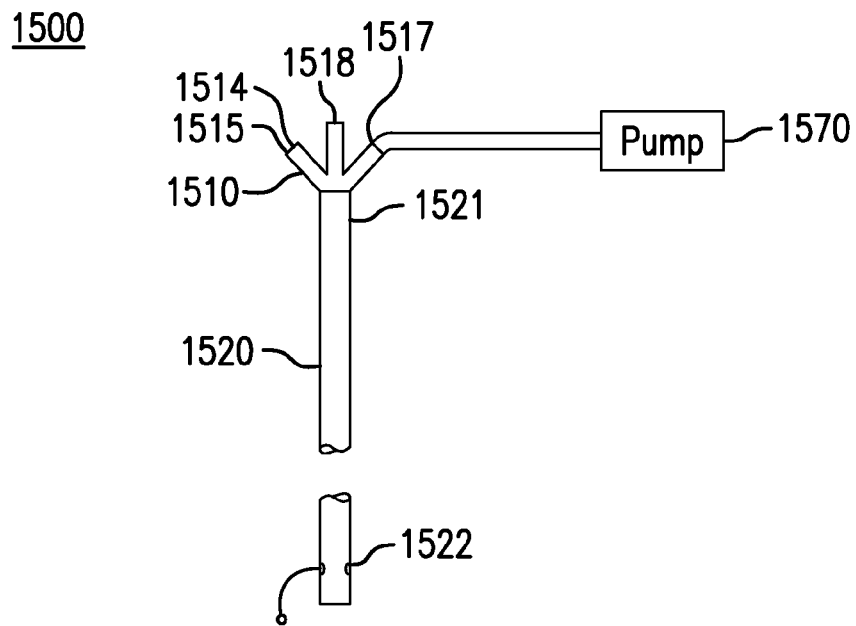


FIG. 9A

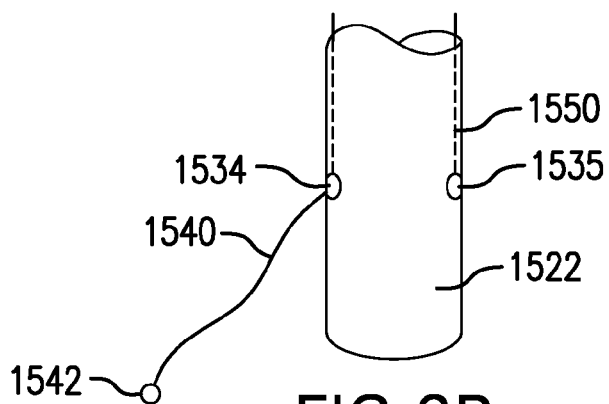


FIG. 9B

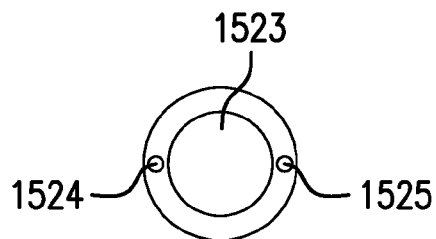


FIG. 9C

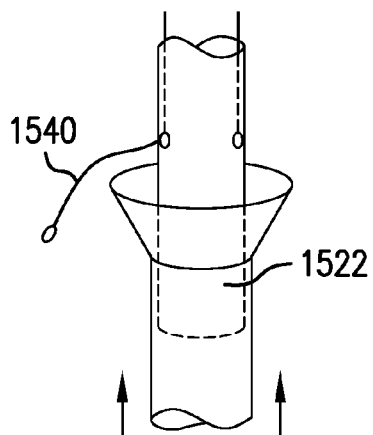


FIG. 9D

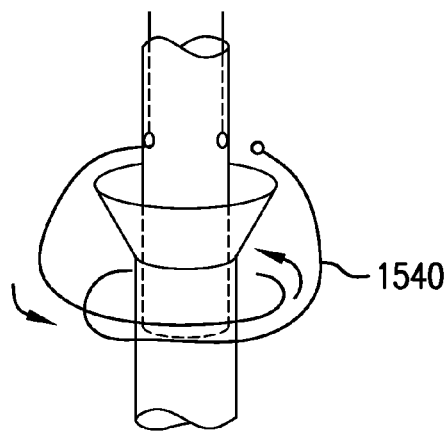


FIG. 9E

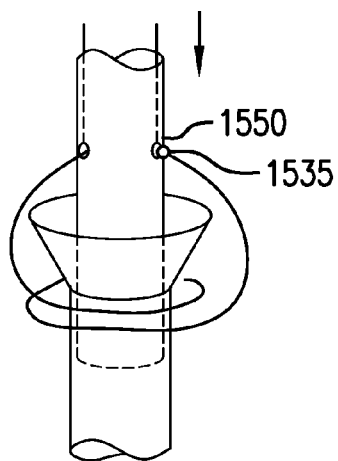


FIG. 9F

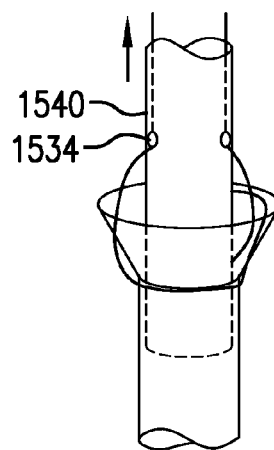


FIG. 9G

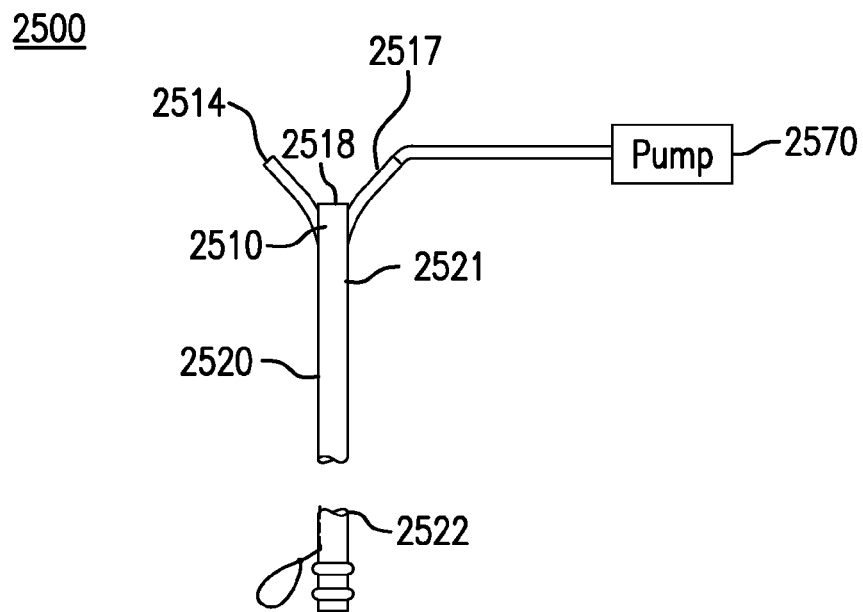


FIG. 10A

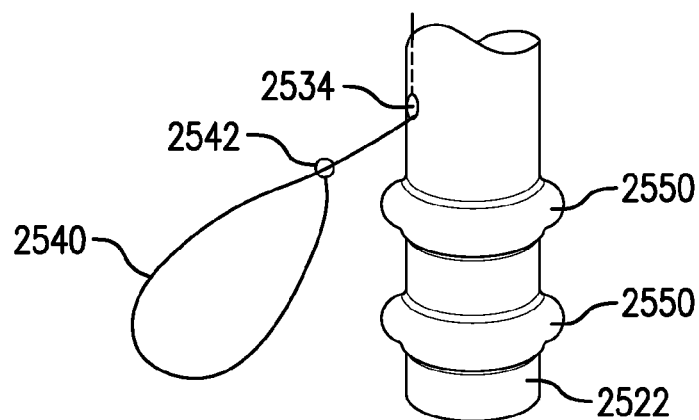


FIG. 10B

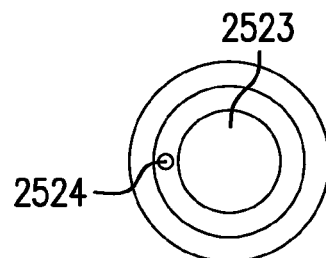


FIG. 10C

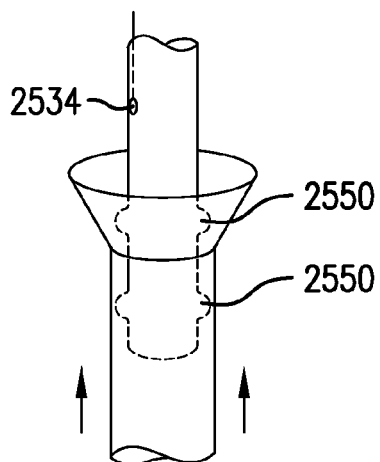


FIG. 10D

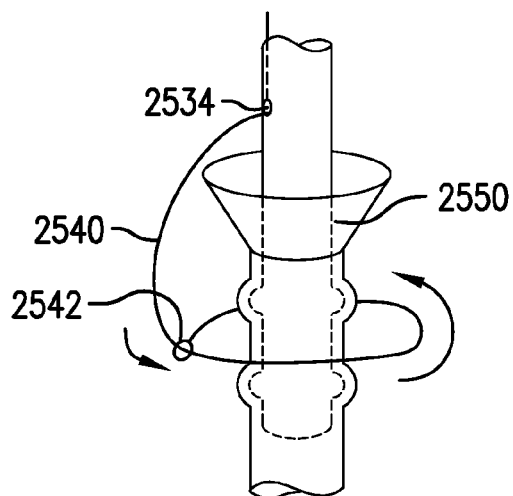


FIG. 10E

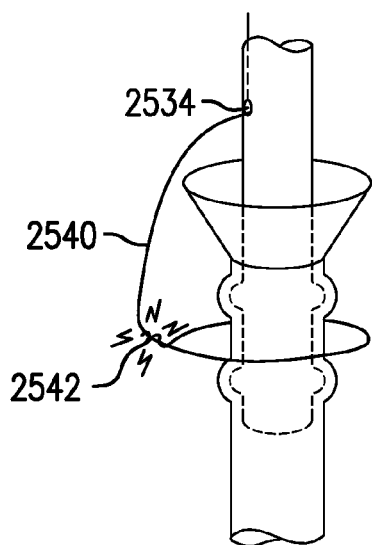


FIG. 10F

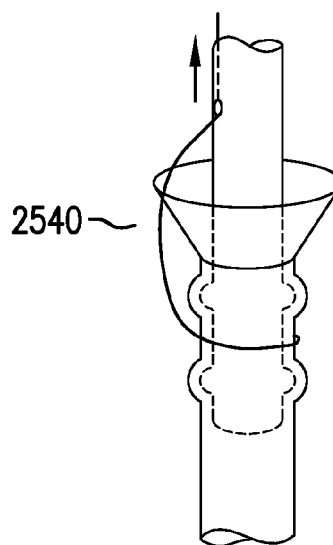
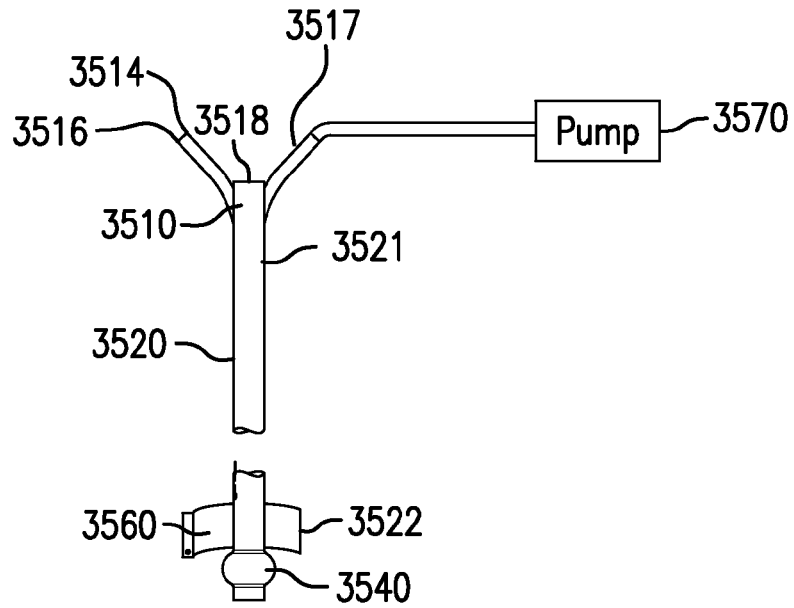
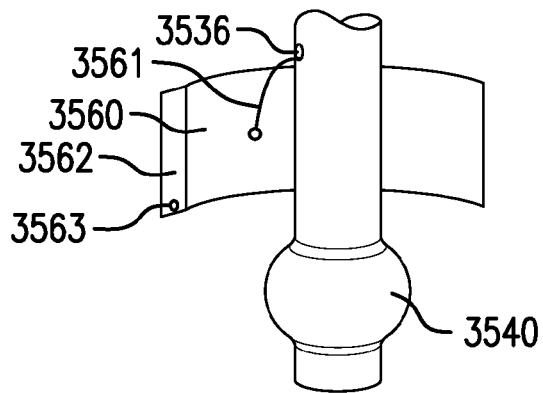
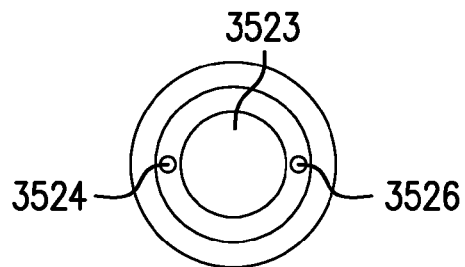


FIG. 10G

3500**FIG. 11A****FIG. 11B****FIG. 11C**

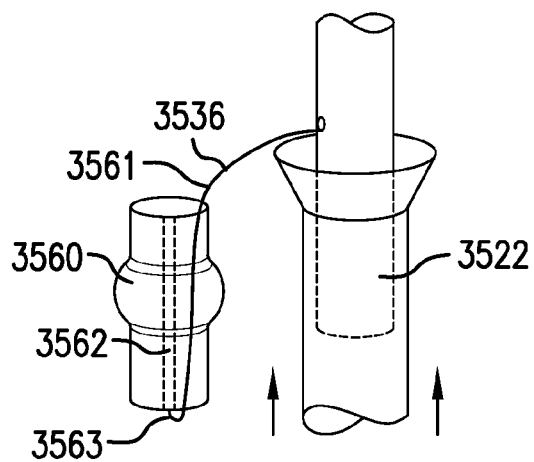


FIG. 11D

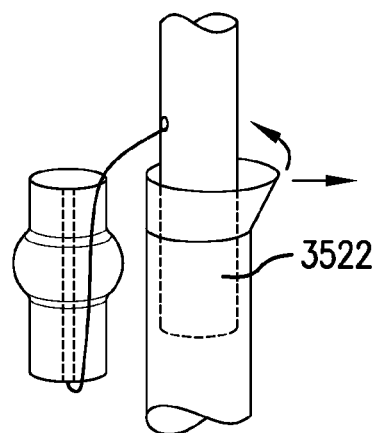


FIG. 11E

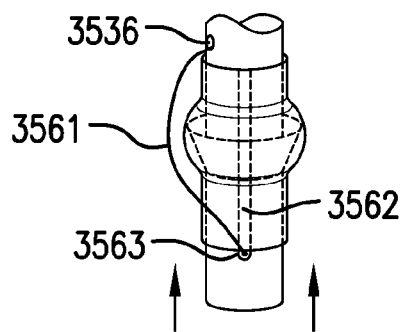


FIG. 11F

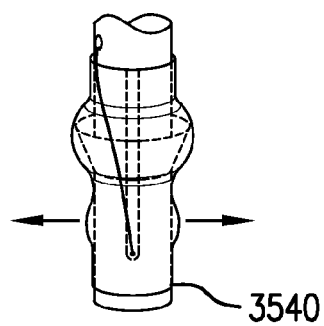


FIG. 11G

1600

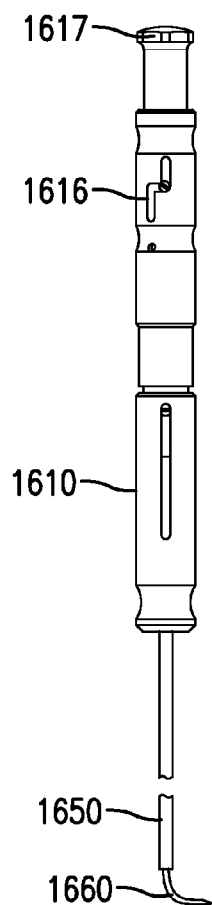


FIG. 12A

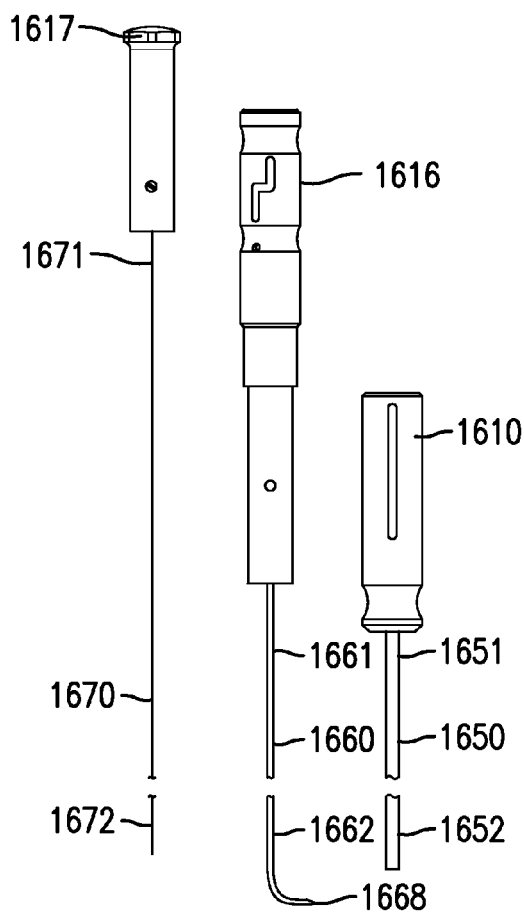


FIG. 12B

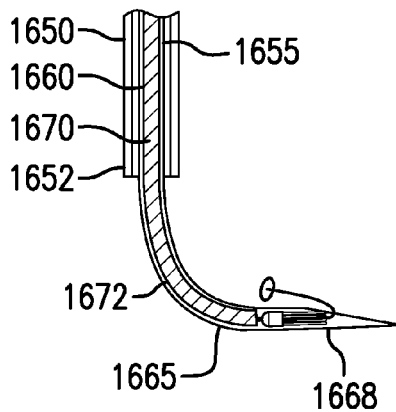


FIG. 12C

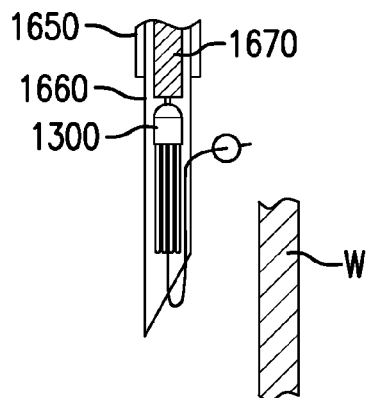


FIG. 13A

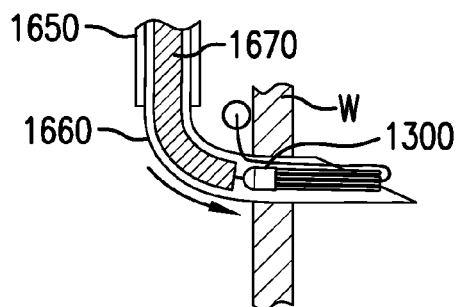


FIG. 13B

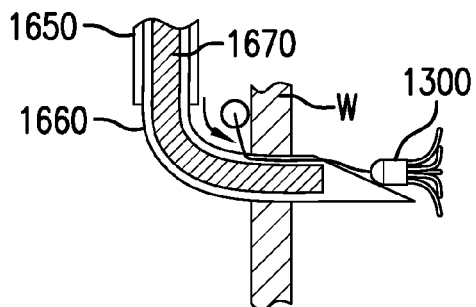


FIG. 13C

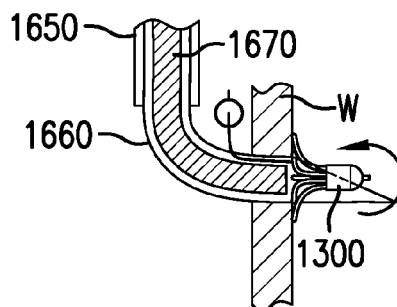


FIG. 13D

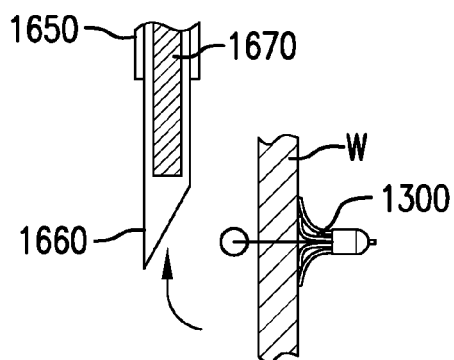


FIG. 13E

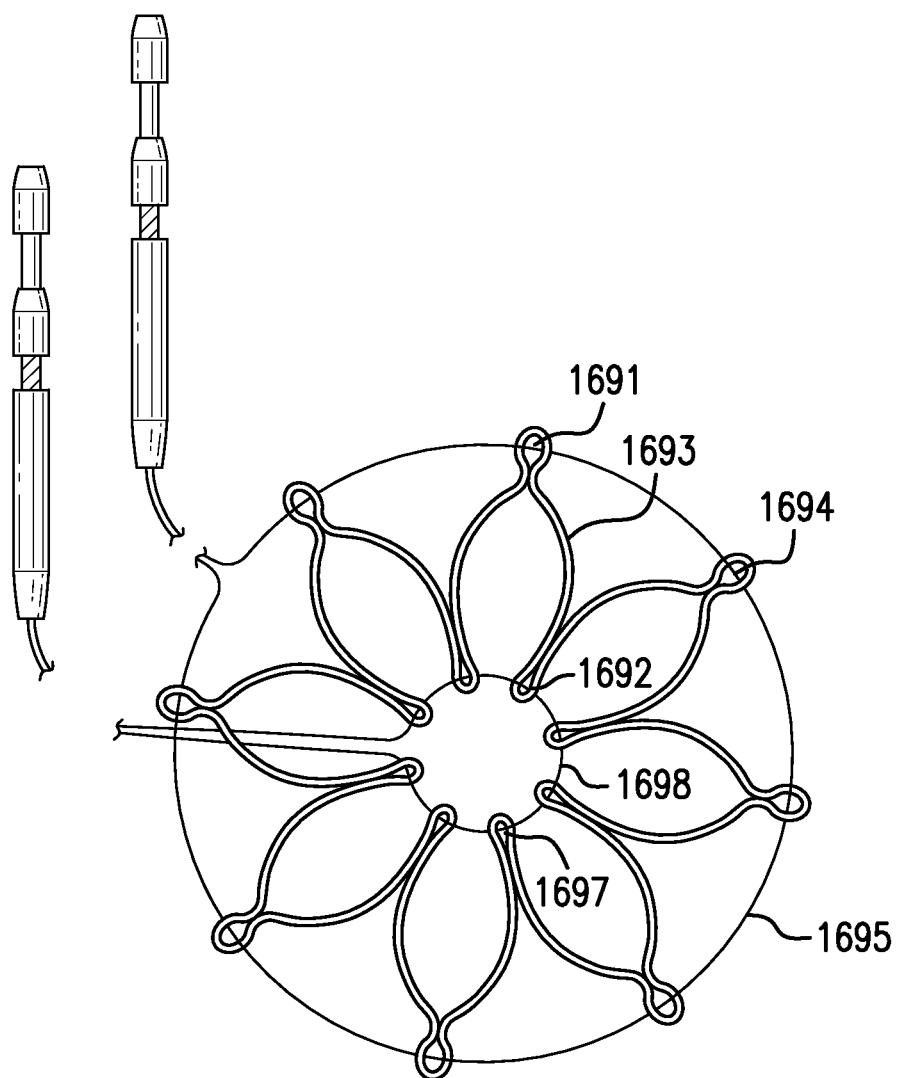


FIG. 14A

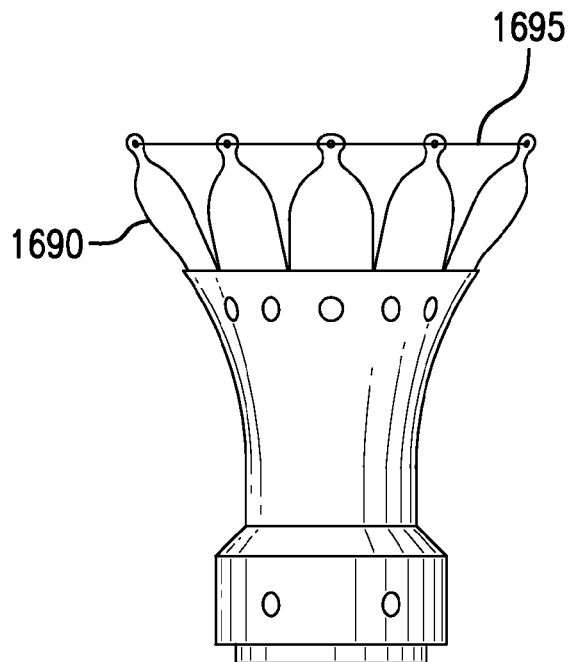


FIG. 14B

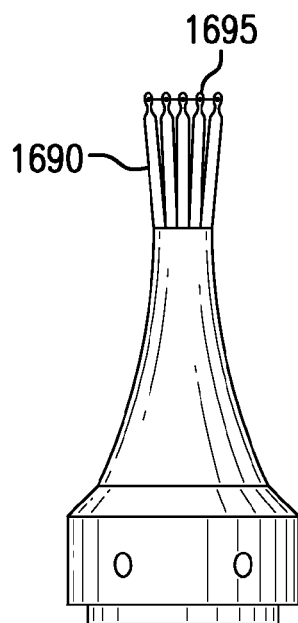


FIG. 14C

2600

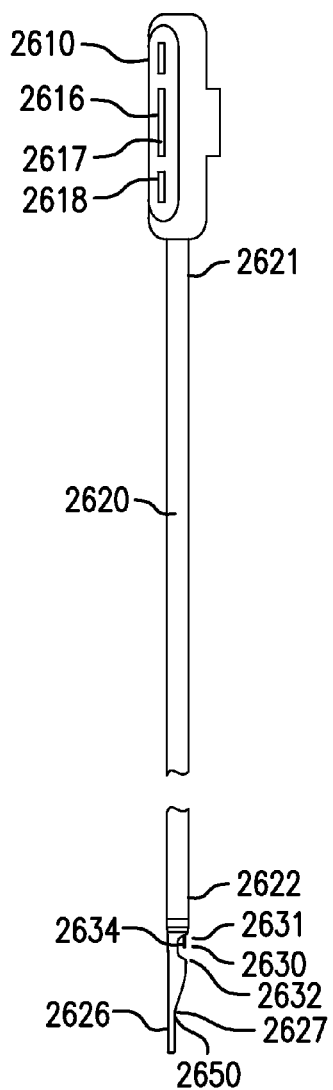


FIG. 15A

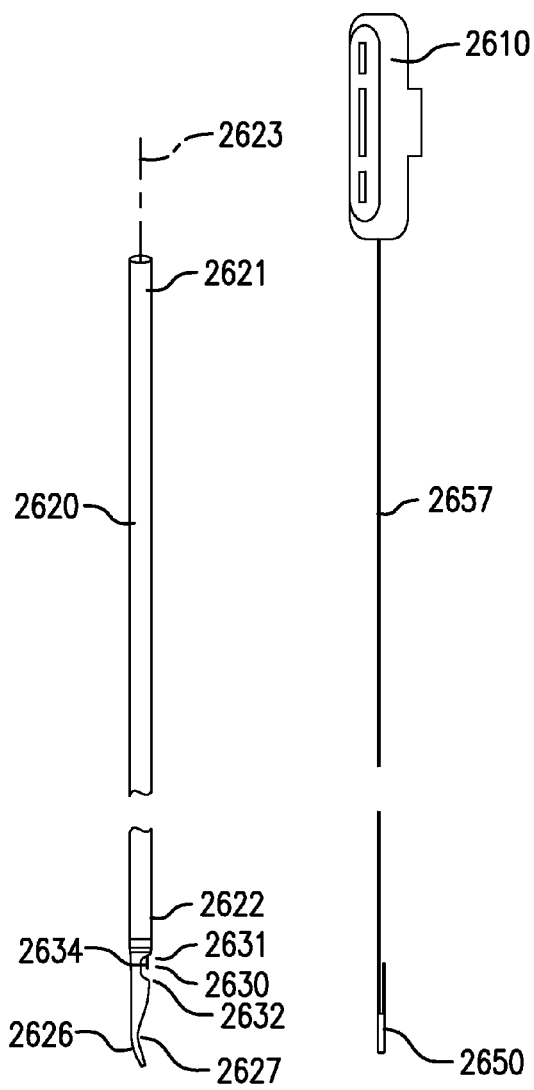


FIG. 15B

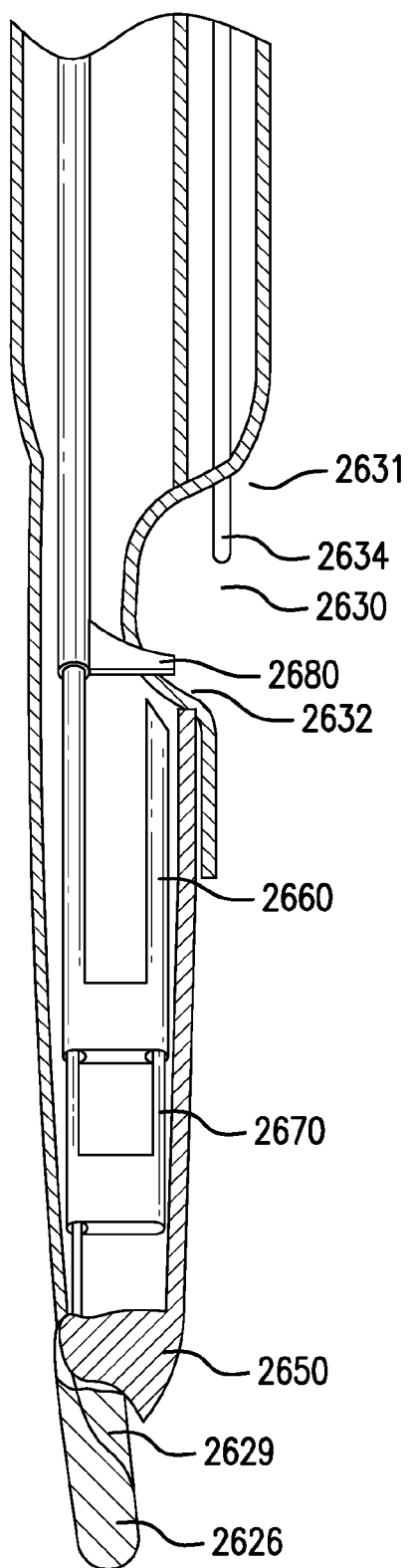


FIG. 15C

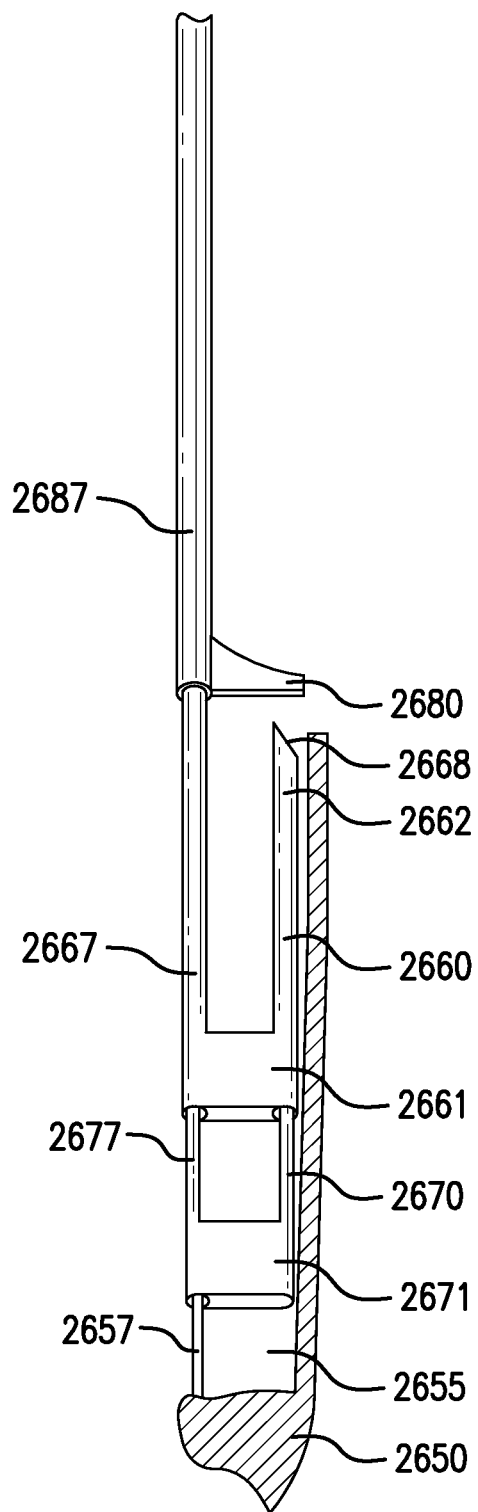


FIG. 15D

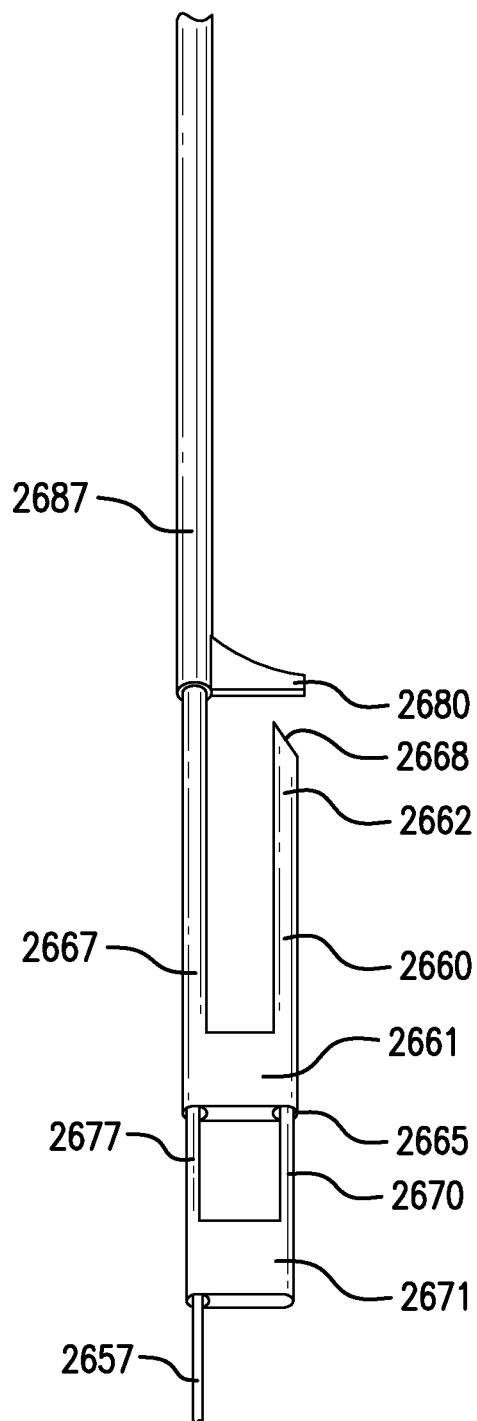


FIG. 15E

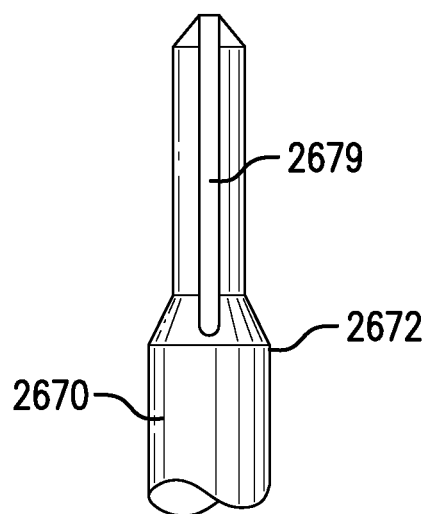
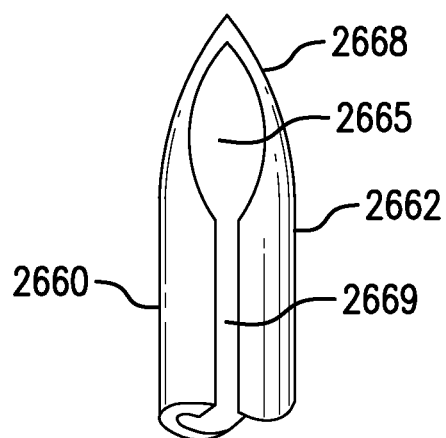


FIG. 15F

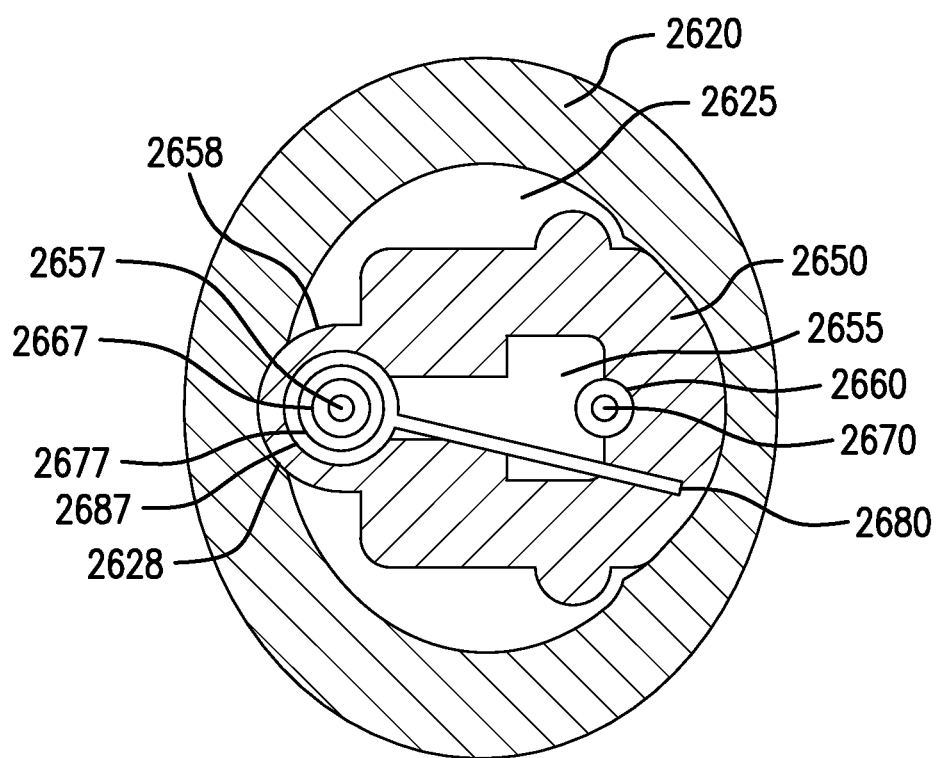


FIG. 15G

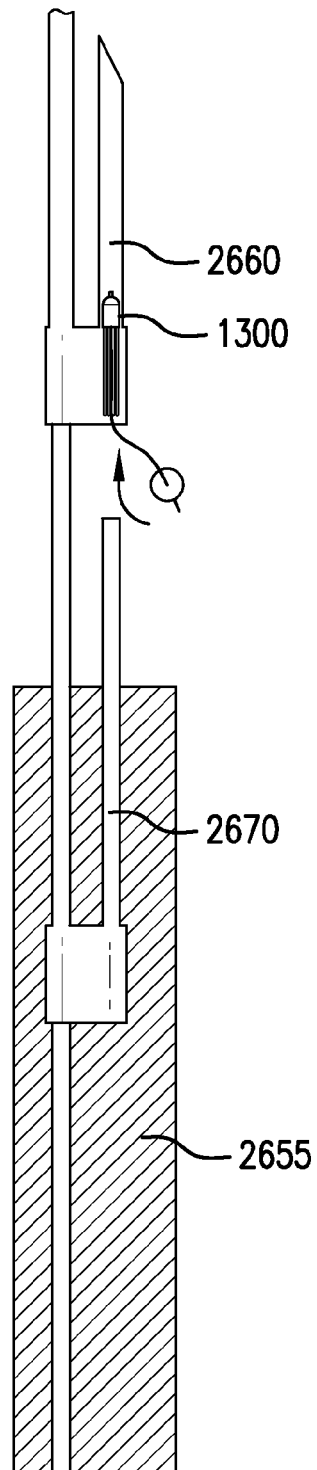


FIG. 16A

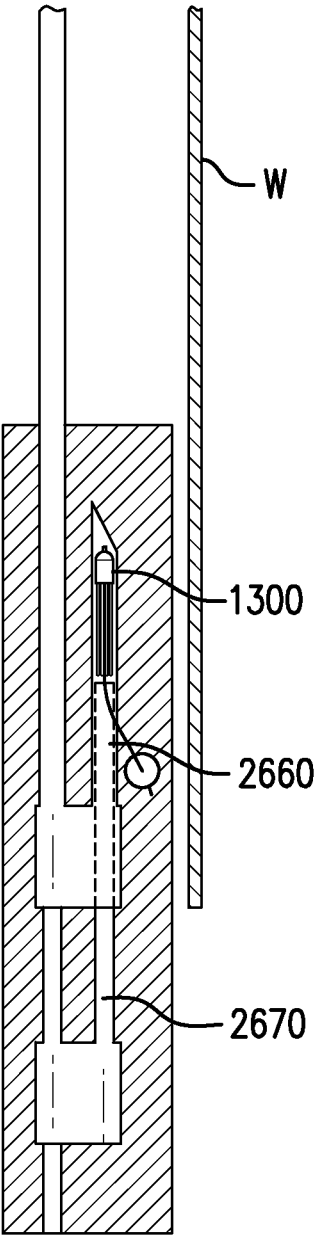


FIG. 16B

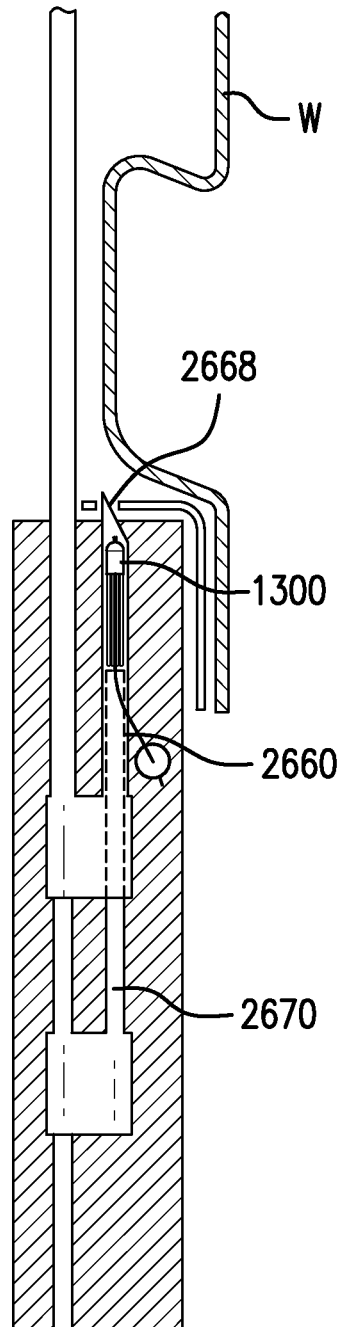


FIG. 16C

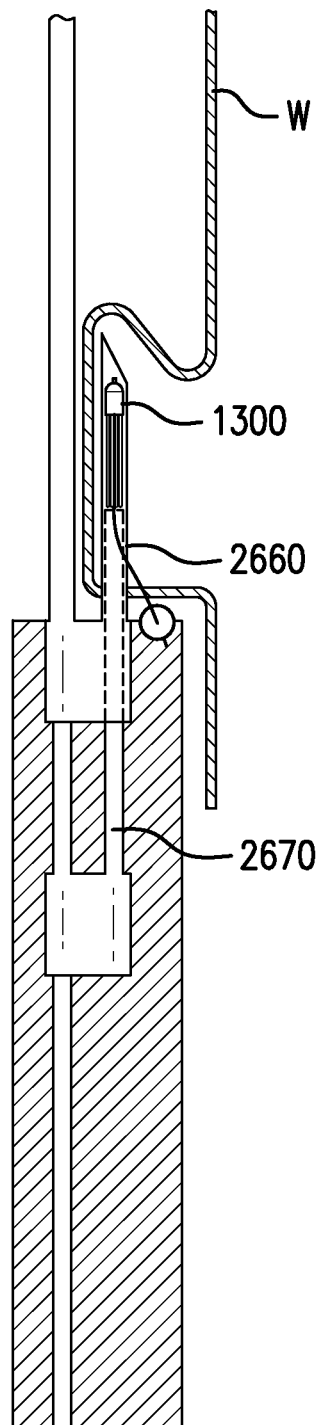


FIG. 16D

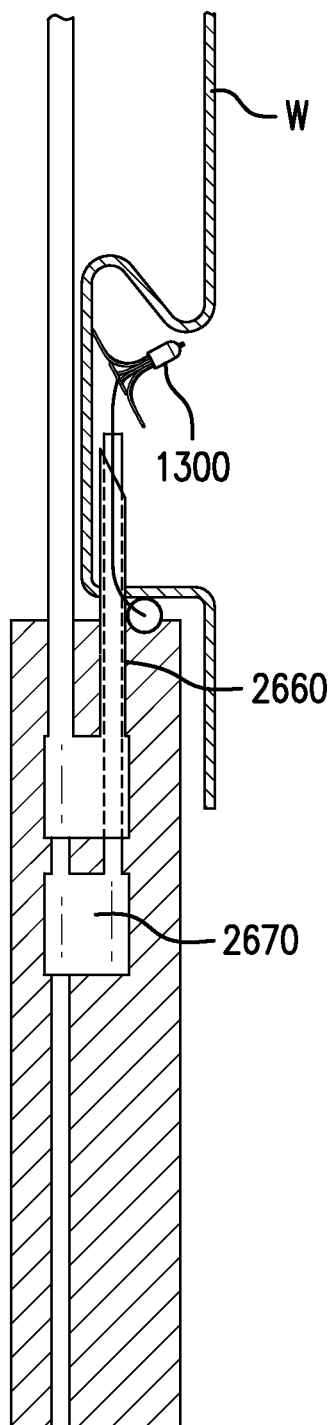


FIG. 16E

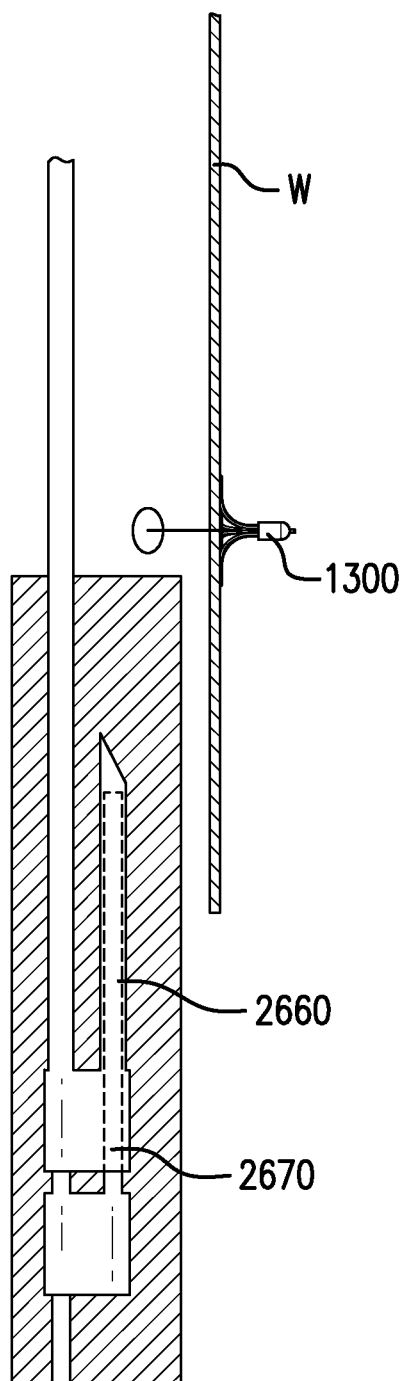


FIG. 16F

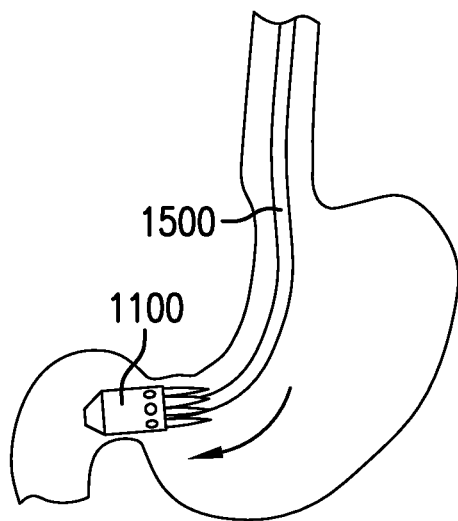


FIG. 17A

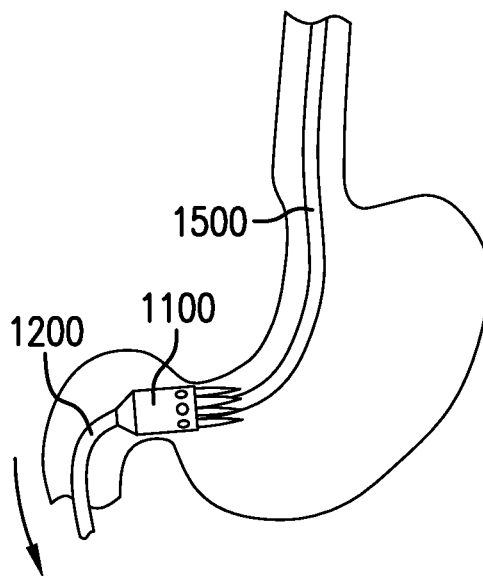


FIG. 17B

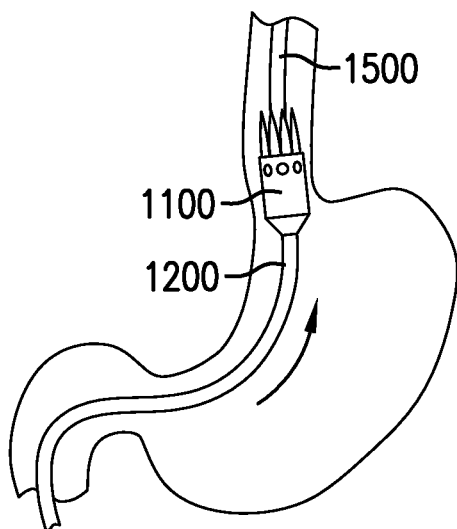


FIG. 17C

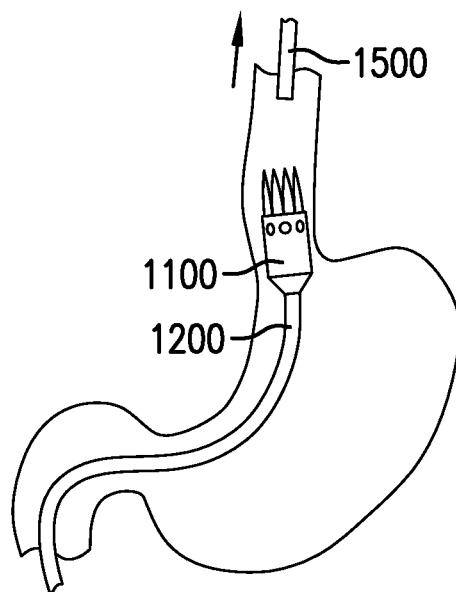


FIG. 17D

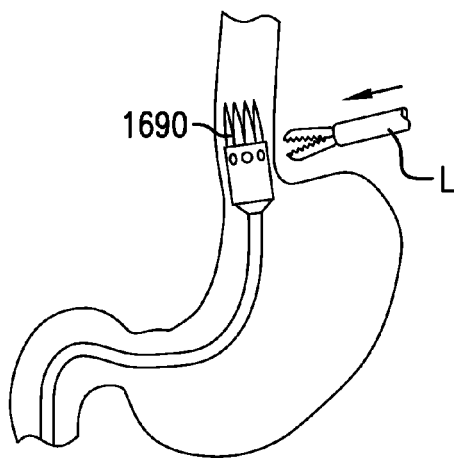


FIG. 17E

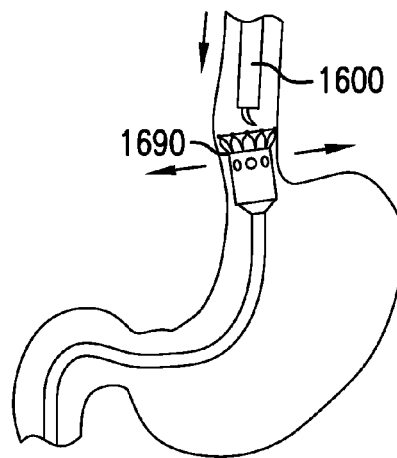


FIG. 17F

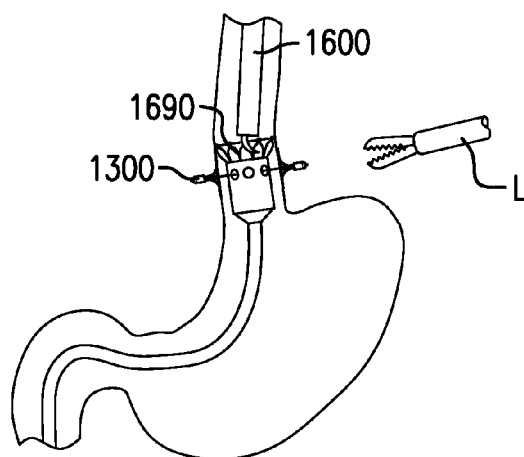


FIG. 17G

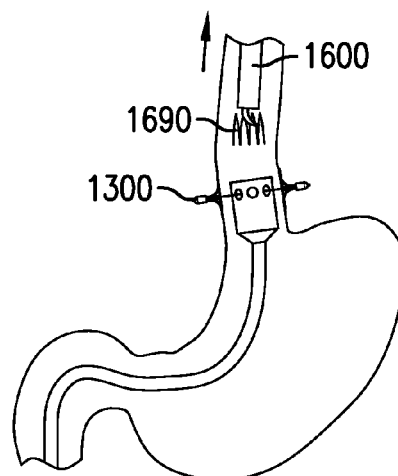


FIG. 17H

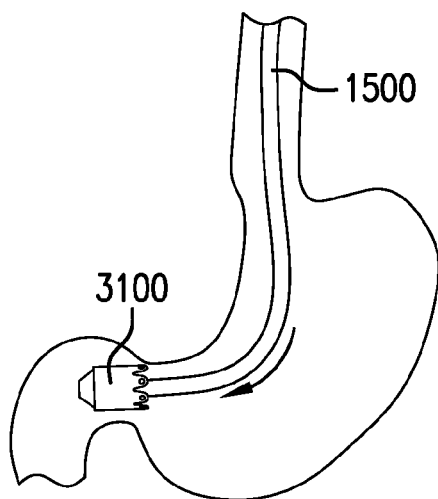


FIG. 18A

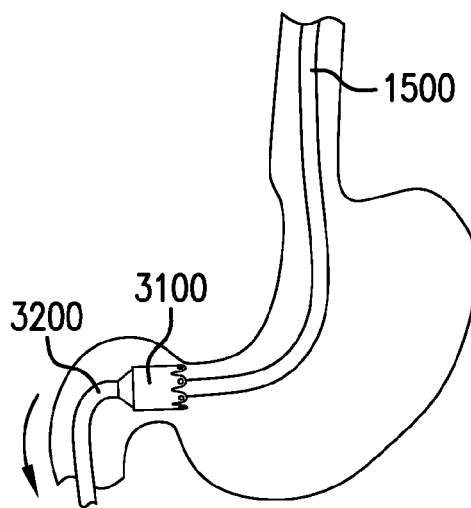


FIG. 18B

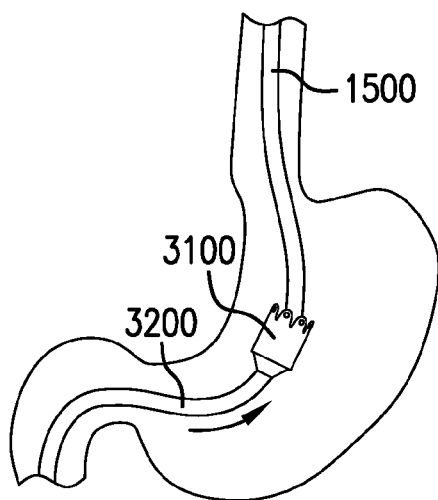


FIG. 18C

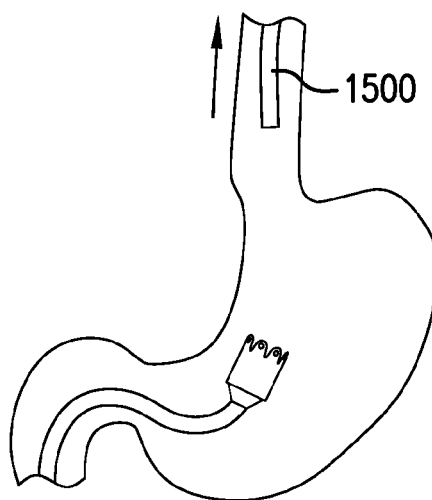


FIG. 18D

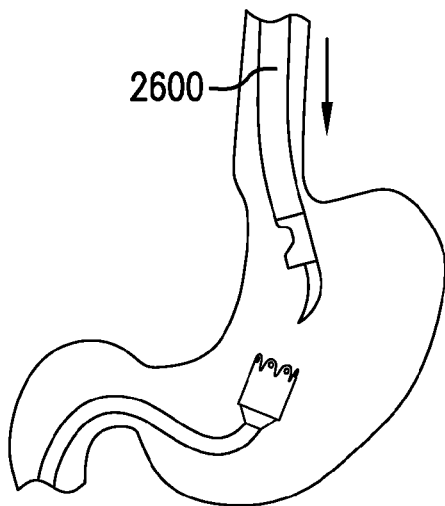


FIG. 18E

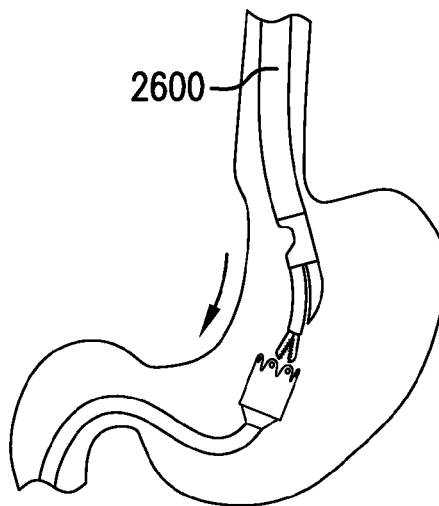


FIG. 18F

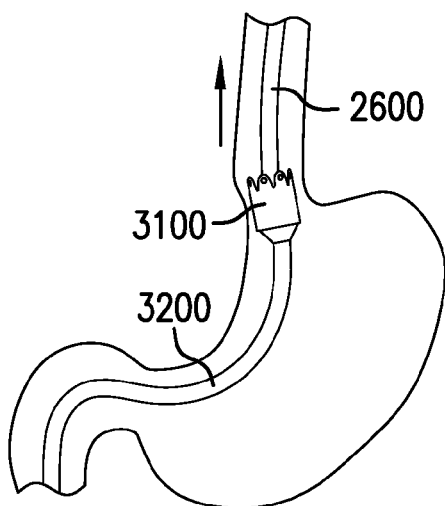


FIG. 18G

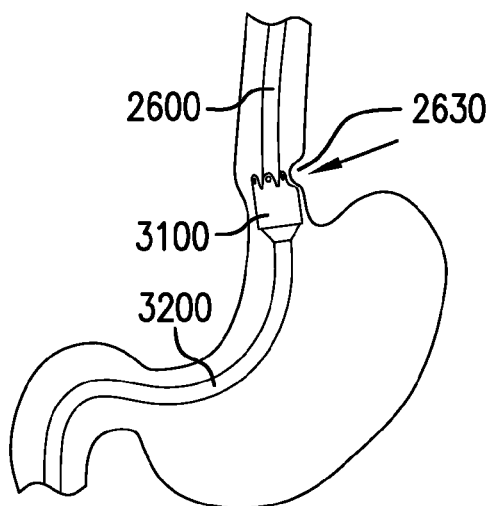


FIG. 18H

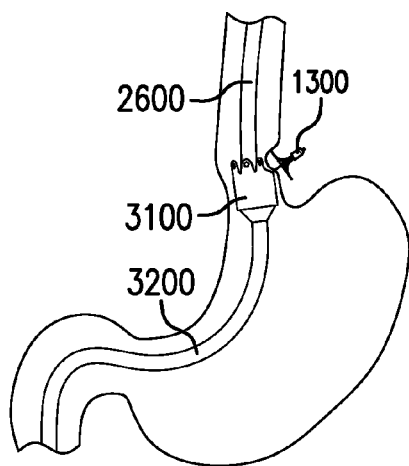


FIG. 18I

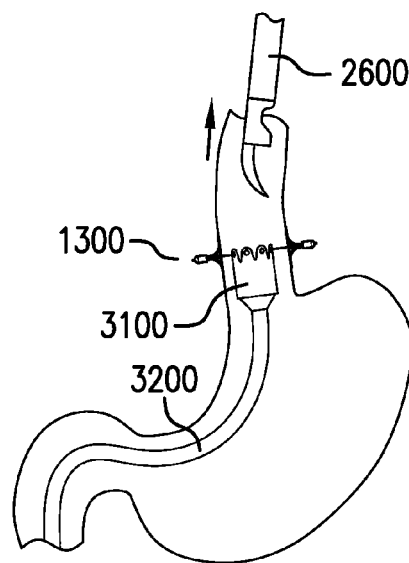


FIG. 18J

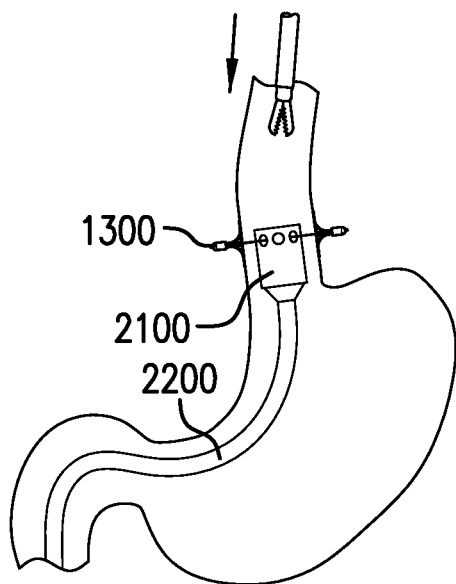


FIG. 19A

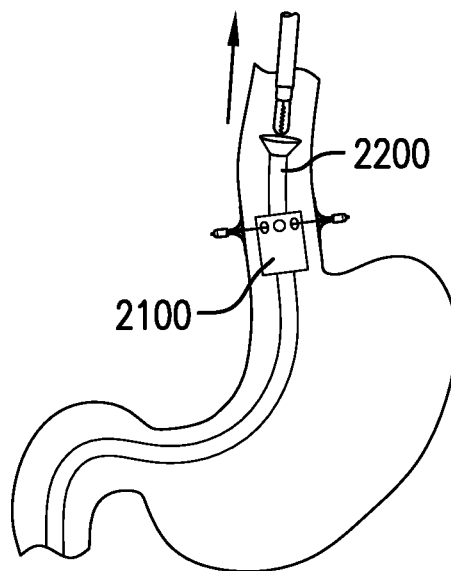


FIG. 19B

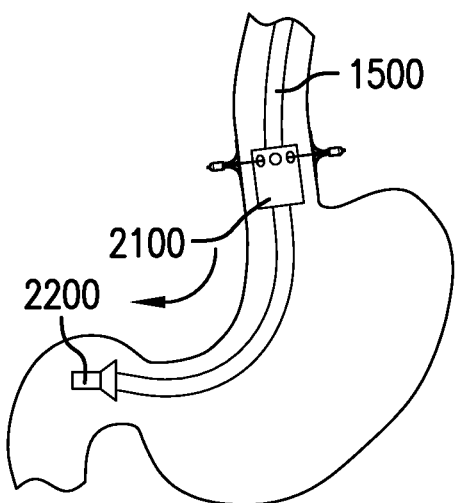


FIG. 19C

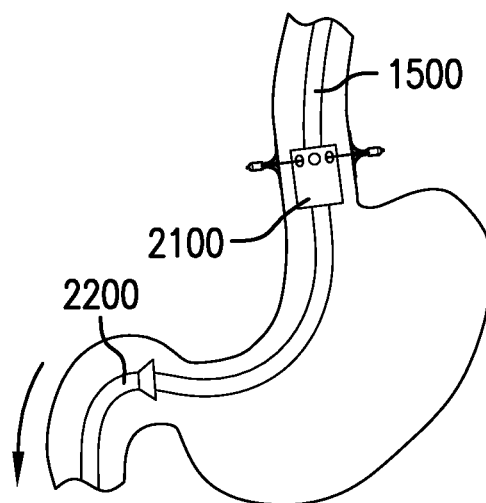


FIG. 19D

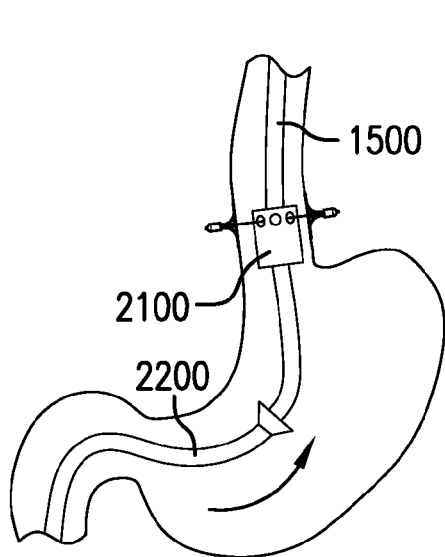


FIG. 19E

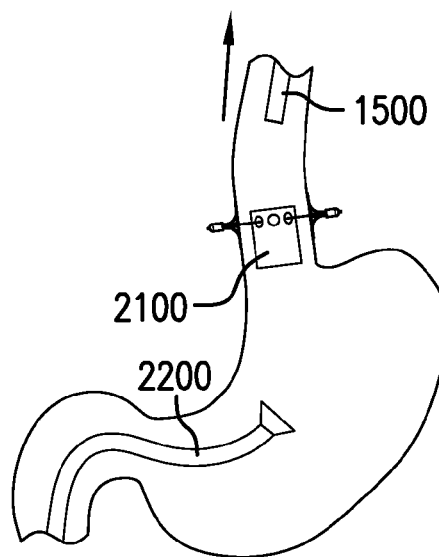


FIG. 19F

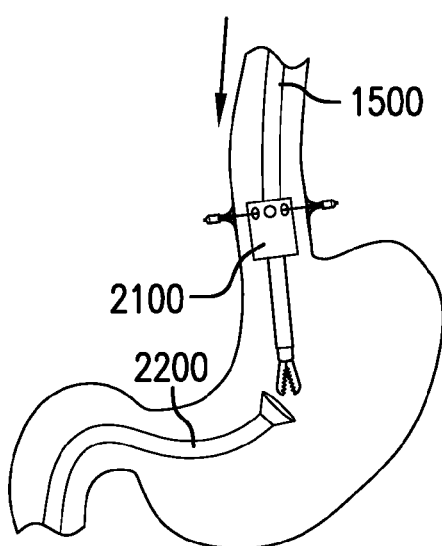


FIG. 19G

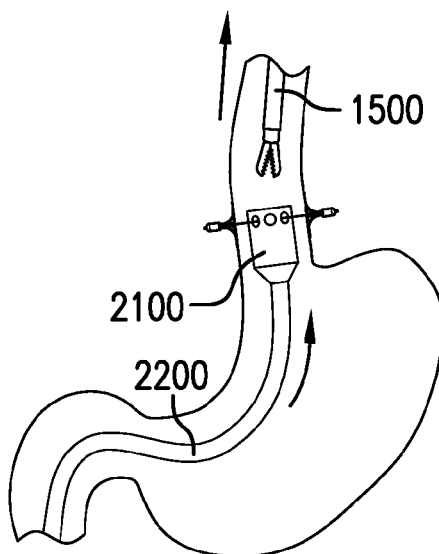


FIG. 19H

DEVICES AND METHODS FOR GASTROINTESTINAL BYPASS

BACKGROUND

Diabetes, heart disease, and other obesity-related conditions may be treated surgically with bariatric procedures such as jejunio-ileal bypass, jejunio-colic bypass, biliopancreatic diversion, gastric bypass, and gastropasty. These procedures may be effective for weight control and treatment of chronic conditions. However, these procedures carry with them substantial shortcomings, including the risk of infection and other risks accompanying surgery. Some of these procedures effect radical permanent changes to the gastrointestinal anatomy, thus foreclosing subsequent surgical intervention.

What is needed are devices and methods for gastrointestinal bypass that avoid the risks associated with surgery by using non-surgical techniques. What is also needed are devices and methods for gastrointestinal bypass that allow for additional or revision procedures to be performed. What is also needed are devices and methods for gastrointestinal bypass that are reversible.

SUMMARY

A gastrointestinal cuff device is described which includes a liner and a plurality of struts coupled to the liner at an angle to its longitudinal axis. The struts are configured to twist the liner about its longitudinal axis to prevent the liner from inverting when a retrograde force is applied to a distal portion of the liner.

Also described is a gastrointestinal cuff device which includes a liner and a plurality of struts coupled to the liner. The struts each have a plurality of holes for coupling the struts to the liner. The struts are configured to prevent the liner from inverting when a retrograde force is applied to a distal portion of the liner.

Also described is a gastrointestinal cuff device which includes a liner having a scalloped edge with a plurality of peaks and valleys. The cuff also includes a scaffold coupled to the liner. The scaffold has a plurality of proximal segments and distal segments coupled by connecting segments. The proximal segments are positioned at the valleys. The scaffold is configured to provide an outward bias to increase conformance of the liner to an inside of an esophagus.

Also described is a gastrointestinal cuff device which includes a liner and a plurality of struts coupled to the liner. The cuff also includes a scaffold coupled to the liner. The scaffold has a plurality of proximal segments and distal segments coupled by connecting segments. The distal segments are positioned across the struts. The scaffold is configured to provide an outward bias to increase conformance of the liner to an inside of an esophagus.

Also described is a gastrointestinal sleeve device which includes a coupling and a tube configured to bypass food and liquids through a stomach and/or part of an intestine. The sleeve also includes a radiopaque marker coupled to an inside surface of the tube. The radiopaque marker is configured to maintain patency in the tube.

A tissue marking device is described, which includes a marking surface configured to contact tissue. The marking surface has a lumen and at least one opening. The tissue marking device also includes a vacuum source coupled to an outlet of the lumen. The vacuum source is configured to create a vacuum in the lumen and create a seal between the opening

and the tissue. The tissue marking device also includes a dye source coupled to an inlet of the lumen. The dye source contains a dye.

A tissue anchor delivery system is described, which includes a catheter having a central lumen. The catheter also has a side port formed in a distal portion of the catheter. The side port has a proximal side and a distal side. The tissue anchor delivery system also includes a sled slidably disposed in the central lumen. The sled has a sheathing channel with a proximal opening configured to be positioned at a distal side of the side port. The tissue anchor delivery system also includes a delivery needle slidably disposed in the sheathing channel. The delivery needle has a needle lumen and tip pointed proximally. The delivery needle is configured to be advanced proximally through the distal side of the side port. The tissue anchor delivery system also includes a pushrod slidably disposed in the needle lumen.

BRIEF DESCRIPTION OF DRAWINGS

FIGS. 1A-1C show one embodiment of a gastrointestinal bypass device **1000**. FIG. 1D shows an enlarged view of a strut **1150**.

FIGS. 2A-2C show another embodiment of a gastrointestinal bypass device **2000**. FIG. 2D shows an enlarged view of a hook **2160**.

FIGS. 3A-3C show yet another embodiment of a gastrointestinal bypass device **3000**. FIG. 3D shows still another embodiment of a gastrointestinal bypass device **3000A**. FIGS. 3E-3F show top views of cuff **3100** in an open and a closed position. FIGS. 3G-3H show enlarged views of strut **3150**. FIGS. 3I-3J show side views of cuff **3100** normally and subjected to a retrograde force. FIGS. 3K-3L show other embodiments of sleeve **3200**.

FIGS. 4A-4B show one embodiment of a tissue anchor **1300**. FIGS. 4C-4D show another embodiment of a tissue anchor **1300A**.

FIGS. 5A-5C show one embodiment of a tissue marking device **1400**.

FIGS. 6A-6D show one embodiment of a method for using tissue marking device **1400**.

FIG. 7A shows one embodiment of a tissue marking device **2400**. FIGS. 7B-7D show various embodiments of marking surface **2420**. FIG. 7E shows various embodiments of openings **2426**.

FIGS. 8A-8F show one embodiment of a method for using tissue marking device **2400**.

FIGS. 9A-9C show one embodiment of a sleeve delivery device **1500**.

FIGS. 9D-9G show one embodiment of a method for loading sleeve delivery device **1500**.

FIGS. 10A-10C show another embodiment of a sleeve delivery device **2500**.

FIGS. 10D-10G show one embodiment of a method for loading sleeve delivery device **2500**.

FIGS. 11A-11C show yet another embodiment of a sleeve delivery device **3500**.

FIGS. 11D-11G show one embodiment of a method for loading sleeve delivery device **3500**.

FIGS. 12A-12C show one embodiment of an anchor delivery device **1600**.

FIGS. 13A-13E show one embodiment of a method for using anchor delivery device **1600**.

FIGS. 14A-14C show one embodiment of a stent **1690**.

FIGS. 15A-15G show another embodiment of an anchor delivery device **2600**.

FIGS. 16A-16F show one embodiment of a method for using anchor delivery device **2600**.

FIGS. 17A-17H show one embodiment of a method for implanting a gastrointestinal bypass device **1000**.

FIGS. 18A-18J show one embodiment of a method for implanting a gastrointestinal bypass device **3000**.

FIGS. 19A-19H show one embodiment of a method for exchanging a sleeve **2200** of a gastrointestinal bypass device **2000**.

DESCRIPTION

FIGS. 1A-1C show one embodiment of a gastrointestinal bypass device **1000**. FIG. 1A shows a perspective view of gastrointestinal bypass device **1000**. FIG. 1B shows an exploded view of gastrointestinal bypass device **1000**. FIG. 1C shows a cross-sectional view of gastrointestinal bypass device **1000**. FIG. 1D shows an enlarged view of a strut **1150**.

Gastrointestinal bypass device **1000** may include a gastrointestinal cuff **1100** and a gastrointestinal sleeve **1200**.

Cuff **1100** may be configured to be attached in the esophagus. Cuff **1100** may be attached at or near the gastroesophageal junction. Alternatively, cuff **1100** may be attached proximal to the gastroesophageal junction, in the proximal stomach, or at some other location. For example, cuff **1100** may be attached within about 3 cm, 2.5 cm, 2 cm, 1.5 cm, 1 cm, 0.5 cm, above, below, or at the GEJ or squamo-columnar junction (SCJ or Z-line). Some non-limiting locations for attachment can be found, for example, in U.S. Pat. Pub. No. 2007/0198174 to Dann et al., which is hereby incorporated by reference in its entirety (e.g., at paras. [0131] to [0147]). Cuff **1100** may be sufficiently flexible to expand and collapse to conform with the inside of the esophagus. Cuff **1100** directs food and liquids into sleeve **1200**, and provides a structure to which sleeve **1200** may be attached. Cuff **1100** may be attached using tissue anchors.

Cuff **1100** may include a liner **1110**, a plurality of anchor holes **1130**, and a plurality of struts **1150**.

Liner **1110** may include a proximal portion **1111**, a distal portion **1112**, a lumen **1113**, and a longitudinal axis **1114**. Liner **1110** may be tubular and may have a uniform width. Alternatively, liner **1110** may taper or change in width. Liner **1110** may be made of material that is flexible. This flexibility allows the attachment area, such as the lower esophageal sphincter, to open and close substantially normally. Liner **1110** may be made of a material that is thin, allowing it to collapse into a smaller profile. This smaller profile allows the attachment area, such as the lower esophageal sphincter, to close substantially normally, and also helps liner **1110** to be collapsed for delivery. Liner **1110** may include a single layer of material. Alternatively, liner **1110** may include a plurality of layers. Liner **1110** may be at least semi-permeable to liquids and/or solids. This semi-permeability may allow some food to reach the stomach, and may help the stomach maintain some residual functionality. This semi-permeability may allow medications to reach the stomach. Liner **1110** may be made of DACRON or any other suitable material. In one embodiment, liner **1110** may have a length of approximately 20 mm to 80 mm. Liner **1110** may include a sleeve-coupling element, e.g., suture holes **1115** formed at distal portion **1112**.

A coupling mechanism, e.g., anchor holes **1130** may be formed at or near proximal portion **1111** of liner **1110**. Anchor holes **1130** are configured to receive tissue anchors. Anchor holes **1130** may be marked with a contrasting color, radiopaque marker, or other means to aid visualization. Anchor holes **1130** may be marked with stitching, ink, or other suitable marking. Anchor holes **1130** may be used as a

placement template for tissue anchors. Anchor holes **1130** may be evenly spaced about a circumference of liner **1110**. Evenly spaced anchor holes **1130** may help to distribute forces among the tissue anchors, prevent concentration of forces in a small number of tissue anchors, and enhance conformance of liner **1110** to an inside (e.g., luminal wall) of the esophagus. Alternatively, anchor holes **1130** may be spaced in any manner about a circumference of liner **1110**. Anchor holes **1130** may be substantially coplanar. Anchor holes **1130** may be arranged in a plane substantially perpendicular to longitudinal axis **1114**, or angled to longitudinal axis **1114**. A substantially coplanar arrangement may help to prevent concentration of forces in a small number of tissue anchors. Alternatively, anchor holes **1130** may be arranged in a staggered fashion.

Struts **1150** each include a proximal portion **1151** and a distal portion **1152**. Struts **1150** may be elongate and substantially straight. Alternatively, struts **1150** may be curved or any other suitable shape. Struts **1150** may be coupled to an inner surface of liner **1110**. Alternatively, struts **1150** may be coupled to an outer surface of liner **1110** or between layers of liner **1110** to reduce obstructions on an inner surface of liner **1110**. Struts **1150** may be coupled to liner **1110** longitudinally. Alternatively, struts **1150** may be coupled to liner **1110** at an angle of 1 to 30 degrees or more with respect to longitudinal axis **1114** of liner **1110**. Struts **1150** may include a first attachment element, e.g., an anchor hole **1154** at or near proximal portion **1151**. Anchor holes **1154** of struts **1150** may be aligned with anchor holes **1130** of liner **1110**. Anchor holes **1154** of struts **1150** may reinforce anchor holes **1130** of liner **1110** and prevent tissue anchors from pulling through. Struts **1150** may include a second attachment element, e.g., suture holes **1155**, and struts **1150** may be coupled to liner **1110** with sutures stitched through suture holes **1155** and liner **1110**. Alternatively, struts **1150** may be coupled to liner **1110** with adhesives, thermal bonding, ultrasonic or laser welding, pockets formed between layers of liner **1110**, or other suitable ways. Struts **1150** may have a uniform cross-section. Alternatively, struts **1150** may have a non-uniform cross-section which varies wider, narrower, thicker, and/or thinner. For example, struts **1150** may each have a proximal portion **1151** and/or a distal portion **1152** which are thinner. This thinner cross-section allows proximal portion **1151** and/or distal portion **1152** to be more flexible. Struts **1150** may be made of a plastic such as PEEK, a metal, or any other suitable material.

Struts **1150** may reduce longitudinal stretching of liner **1110**. Prograde forces such as peristaltic forces at distal portion **1112** of liner **1110** are transferred by struts **1150** to anchor holes **1154** and tissue anchors, to advantageously redistribute forces and minimize focal wear or failure points. Struts **1150** may also prevent inversion of liner **1110**. Retrograde forces such as vomiting or retching forces at distal portion **1112** of liner **1110** are resisted by struts **1150**, helping to maintain liner **1110** in proper implanted position.

Sleeve **1200** is configured to be coupled to cuff **1100**, either in an integrally formed or removably coupled manner. Sleeve **1200** directs food and liquids into the intestine. Sleeve **1200** may include a coupling **1210** and a tube **1250**.

Coupling **1210** directs food and liquids from cuff **1100** to tube **1250**. Coupling **1210** includes a proximal portion **1211**, a distal portion **1212**, and a lumen **1213**. A coupling element, e.g., suture holes **1215** may be formed at or near proximal portion **1211** to allow coupling **1210** to be coupled with sutures to a complementary cuff-coupling element, e.g., suture holes **1115** in liner **1110**. Proximal portion **1211** may have a width that is the same or substantially the same as liner **1110**, or in some embodiments taper down in width to restrict the flow of

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food and liquids through coupling **1210**, which may help to create a feeling of fullness. Distal portion **1212** may have a uniform width. Alternatively, proximal portion **1211** and distal portion **1212** may have a uniform width. Coupling **1210** may be made of a material that is flexible, but does not stretch substantially in a radial or longitudinal direction. Coupling **1210** may be made of a polyurethane elastomer such as PEL-LETHANE, or any other suitable material.

Tube **1250** includes a proximal portion **1251**, a distal portion **1252**, and a lumen **1253**. Proximal portion **1251** of tube **1250** may be coupled to distal portion **1212** of coupling **1210** with an interference fit, heat bonded, and/or other suitable methods. Tube **1250** may have a uniform width. Alternatively, tube **1250** may taper or change in width. Tube **1250** may allow food and liquids to bypass the stomach and/or part of the intestine. Tube **1250** may allow foods and liquids to be bypassed into the duodenum, jejunum, or other part of the intestine. In one embodiment, tube **1250** may have a length of approximately 80 cm to 120 cm, a diameter of approximately 15 mm to 25 mm, and/or a thickness of about 0.05 mm to about 0.5 mm, such as about 0.15 mm.

Tube **1250** may be made of a material that is floppy or flaccid, but does not stretch substantially in a radial direction. Thus, tube **1250** may be flexible and compliant inwardly to allow peristaltic forces to act on its contents, but will not balloon outwardly. Tube **1250** may also not stretch substantially in a longitudinal direction. Tube **1250** may be made of a polyurethane elastomer such as PELLETHANE, or any other suitable material. Tube **1250** may be impermeable or semi-permeable. Tube **1250** may allow nutrients and medications inside tube **1250** to pass outward. Alternatively or in addition, tube **1250** may allow digestive juices and hormones outside tube **1250** to pass inward. Tube **1250** or portions of tube **1250** may be biodegradable. Tube **1250** with a plurality of biodegradable portions may be configured such that each portion degrades at a different rate.

Tube **1250** may include one or more coatings to resist calcification, deliver medications, provide lubriciousness, and/or provide other desired properties. Tube **1250** may include an electrical stimulation element to resist calcification and promote motility and satiety. Various electrical stimulation elements that can be utilized or modified for use with the systems and methods disclosed herein are described, for example, in U.S. Pat. No. 7,881,797 to Griffin et al., which is hereby incorporated by reference in its entirety. Tube **1250** may be made up of one or more sections which may be coupled or uncoupled to adjust a length of tube **1250**. Tube **1250** may include one, two, or more additional lumens interior to, exterior to, or within walls of tube **1250** for delivery of medications, access for imaging devices for visual monitoring, and access for diagnostic sampling. Tube **1250** may have additional lumens which open at different points along the length of tube **1250** for targeted delivery or access.

Tube **1250** may include a radiopaque marker **1254**. Radiopaque marker **1254** may be one or more longitudinal stripes which run along all or part of the length of tube **1250**. Radiopaque marker **1254** may be configured to help prevent or reduce kinking and twisting of tube **1250**. For example, radiopaque marker **1254** may be thicker and/or wider toward proximal portion **1251** of tube **1250**, where kinking and twisting may be more pronounced. Alternatively, radiopaque marker **1254** may be a helical stripe, circumferential bands, or other suitable configuration. Radiopaque marker **1254** may be coupled to an inside surface of tube **1250** to help maintain at least some patency of lumen **1253** and prevent lumen **1253** from closing completely when tube **1250** is kinked or twisted. Alternatively, radiopaque marker **1254** may be coupled to an

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outside surface of tube **1250**. Various embodiments, features, materials and parameters of cuffs, sleeves, anchors, and other components that can be used or modified for use with those disclosed herein are described, for example, in the following patents and publications, each of which are incorporated by reference in their entireties: U.S. Pat. Pub. No. 2007/0198074 to Dann et al., U.S. Pat. No. 8,070,743 to Kagan et al., U.S. Pat. Pub. No. 2009/0149871 to Kagan et al., U.S. Pat. Pub. No. 2004/0092892 to Kagan et al., U.S. Pat. Pub. No. 2006/0155375 to Kagan et al., U.S. Pat. Pub. No. 2006/0015125 to Swain, U.S. Pat. Pub. No. 2006/0020254 to von Hoffmann, U.S. Pat. No. 8,118,774 to Dann et al., U.S. Pat. Pub. No. 2009/0012553 to Swain et al., U.S. Pat. Pub. No. 2009/0012544 to Thompson et al., and U.S. Pat. Pub. No. 2009/0012541 to Dahl et al.

Tube **1250** may include one, two, three, or more tails **1255** at distal portion **1252**. Tails **1255** may be folded over each other and cinched with a grasping element, such as a loop snare, to seal distal portion **1255** of tube **1250** during deployment of sleeve **1200**. Tails **1255** may be as described, for example, in U.S. Pat. No. 8,118,774 to Dann et al., which is hereby incorporated by reference in its entirety.

FIGS. 2A-2C show another embodiment of a gastrointestinal bypass device **2000**. FIG. 2A shows a perspective view of gastrointestinal bypass device **2000**. FIG. 2B shows an exploded view of gastrointestinal bypass device **2000**. FIG. 2C shows a cross-sectional view of gastrointestinal bypass device **2000**. FIG. 2D shows an enlarged view of a hook **2160**.

Gastrointestinal bypass device **2000** may include a gastrointestinal cuff **2100** and a gastrointestinal sleeve **2200**.

Cuff **2100** may be configured to be attached in the esophagus. Cuff **2100** may be attached at or near the gastroesophageal junction. Alternatively, cuff **2100** may be attached proximal to the gastroesophageal junction, in the proximal stomach, or at some other location. For example, cuff **2100** may be attached within about 3 cm, 2.5 cm, 2 cm, 1.5 cm, 1 cm, 0.5 cm, above, below, or at the GEJ or squamo-columnar junction (SCJ or Z-line). Some non-limiting locations for attachment can be found, for example, in U.S. Pat. Pub. No. 2007/0198174 to Dann et al., which is hereby incorporated by reference in its entirety (e.g., at paras. [0131] to [0147]). Cuff **2100** may be sufficiently flexible to expand and collapse to conform with the inside of the esophagus. Cuff **2100** directs food and liquids into sleeve **2200**, and provides a structure to which sleeve **2200** may be attached. Cuff **2100** may be attached using tissue anchors.

Cuff **2100** may include a liner **2110**, a plurality of anchor holes **2130**, a retainer **2140**, a plurality of struts **2150**, and one or more hooks **2160**.

Liner **2110** may include a proximal portion **2111**, a distal portion **2112**, a lumen **2113**, and a longitudinal axis **2114**. Liner **2110** may be tubular and may have a uniform width. Alternatively, liner **2110** may taper or change in width. Liner **2110** may be made of material that is flexible. This flexibility allows the attachment area, such as the lower esophageal sphincter, to open and close substantially normally. Liner **2110** may be made of a material that is thin, allowing it to collapse into a smaller profile. This smaller profile allows the attachment area, such as the lower esophageal sphincter, to close substantially normally, and also helps liner **2110** to be collapsed for delivery. Liner **2110** may include a single layer of material. Alternatively, liner **2110** may include a plurality of layers. Liner **2110** may be at least semi-permeable to liquids and/or solids. This semi-permeability may allow some food to reach the stomach, and may help the stomach maintain some residual functionality. This semi-permeability may allow medications to reach the stomach. Liner **2110** may be

made of DACRON or any other suitable material. In one embodiment, liner 2110 may have a length of approximately 20 mm to 80 mm.

A coupling mechanism, e.g. anchor holes 2130 may be formed at or near proximal portion 2111 of liner 2110. Anchor holes 2130 are configured to receive tissue anchors. Anchor holes 2130 may be marked with a contrasting color, radiopaque marker, or other means to aid visualization. Anchor holes 2130 may be marked with stitching, ink, or other suitable marking. Anchor holes 2130 may be used as a placement template for tissue anchors. Anchor holes 2130 may be evenly spaced about a circumference of liner 2110. Evenly spaced anchor holes 2130 may help to distribute forces among the tissue anchors, prevent concentration of forces in a small number of tissue anchors, and enhance conformance of liner 2110 to an inside (e.g., luminal wall) of the esophagus. Alternatively, anchor holes 2130 may be spaced in any manner about a circumference of liner 2110. Anchor holes 2130 may be substantially coplanar. Anchor holes 2130 may be arranged in a plane substantially perpendicular to longitudinal axis 2114, or angled to longitudinal axis 2114. A substantially coplanar arrangement may help to prevent concentration of forces in a small number of tissue anchors. Alternatively, anchor holes 2130 may be arranged in a staggered fashion.

Retainer 2140 may be coupled to distal portion 2112 of liner 2110. Retainer 2140 may be collapsible radially inwardly but not expandable radially outwardly. Retainer 2140 may be a circumferential channel formed in distal portion 2112 of liner 2110 by one or more folds 2141. Folds 2141 may be secured by a suture 2142, adhesive, or other means. Folds 2141 may be made more rigid by applying a stiffening substance to distal portion 2112 and/or folds 2141. The stiffening substance may be silicone or other suitable substance. Alternatively, retainer 2140 may be made of plastic or other suitable material, and coupled to distal portion 2112 of liner 2110.

Struts 2150 each include a proximal portion 2151 and a distal portion 2152. Struts 2150 may be elongate and substantially straight. Alternatively, struts 2150 may be curved or any other suitable shape. Struts 2150 may be coupled to an inner surface of liner 2110. Alternatively, struts 2150 may be coupled to an outer surface of liner 2110 or between layers of liner 2110 to reduce obstructions on an inner surface of liner 2110. Struts 2150 may be coupled to liner 2110 longitudinally. Alternatively, struts 2150 may be coupled to liner 2110 at an angle of 1 to 30 degrees or more with respect to longitudinal axis 2114 of liner 2110. Struts 2150 may include a first attachment element, e.g., an anchor hole 2154 at or near proximal portion 2151. Anchor holes 2154 of struts 2150 may be aligned with anchor holes 2130 of liner 2110. Anchor holes 2154 of struts 2150 may reinforce anchor holes 2130 of liner 2110 and prevent tissue anchors from pulling through. Struts 2150 may include a second attachment element, e.g., suture holes 2155, and struts 2150 may be coupled to liner 2110 with sutures stitched through suture holes 2155 and liner 2110. Alternatively, struts 2150 may be coupled to liner 2110 with adhesives, thermal bonding, ultrasonic or laser welding, pockets formed between layers of liner 2110, or other suitable ways. Struts 2150 may have a uniform cross-section. Alternatively, struts 2150 may have a non-uniform cross-section which varies wider, narrower, thicker, and/or thinner. For example, struts 2150 may each have a proximal portion 2151 and/or a distal portion 2152 which are thinner. This thinner cross-section allows proximal portion 2151 and/or distal portion 2152 to be more flexible. Struts 2150 may be made of a plastic such as PEEK, a metal, or any other suitable material.

Struts 2150 may reduce longitudinal stretching of liner 2110. Prograde forces such as peristaltic forces at distal portion 2112 of liner 2110 are transferred by struts 2150 to anchor holes 2154 and tissue anchors, to advantageously redistribute forces and minimize focal wear or failure points. Struts 2150 may also prevent inversion of liner 2110. Retrograde forces such as vomiting or retching forces at distal portion 2112 of liner 2110 are resisted by struts 2150, helping to maintain liner 2110 in proper implanted position.

Hooks 2160 may each include a proximal portion 2161 and a distal portion 2162. Proximal portion 2161 may be coupled to distal portion 2152 of strut 2150. Hooks 2160 may include one or more suture holes 2164 for stitching to liner 2110 and/or distal portion 2152 of strut 2150. Alternatively, hooks 2160 may be coupled to liner 2110 or one or more struts 2150 with an adhesive or other suitable methods. Alternatively, hooks 2160 may be formed as part of one or more struts 2150. Hooks 2160 may each include a retainer 2165 and a barb 2166. Distal portions 2162 may be configured so that they do not substantially protrude beyond struts 2150 into an interior of liner 2110. Distal portion 2112 of liner 2110 may be enlarged in diameter or otherwise configured to accommodate hooks 2160.

Sleeve 2200 is configured to be coupled to cuff 2100, either in an integrally formed or removably coupled manner. Sleeve 2200 directs food and liquids into the intestine. Sleeve 2200 may include a coupling 2210, a ring 2240, a tube 2250, and a halo 2260.

Coupling 2210 directs food and liquids from cuff 2100 to tube 2250. Coupling 2210 includes a proximal portion 2211, a distal portion 2212, and a lumen 2213. Drawstring holes 2215 may be formed at or near proximal portion 2211. Proximal portion 2211 may have a width that is the same or substantially the same as liner 2110, or in some embodiments taper down in width to restrict the flow of food and liquids through coupling 2210, which may help to create a feeling of fullness. Distal portion 2212 may have a uniform width. Alternatively, proximal portion 2211 and distal portion 2212 may have a uniform width. Coupling 2210 may be made of a material that is flexible, but does not stretch substantially in a radial or longitudinal direction. Coupling 2210 may be made of a polyurethane elastomer such as PELLETHANE, or any other suitable material.

Ring 2240 may be coupled to proximal portion 2211 of coupling 2210. Ring 2240 may be a thickened portion of coupling 2210, or a separate structure operably attached to coupling 2210. Ring 2240 may be sufficiently flexible to deform inwardly, but sufficiently rigid to spring back to its original shape. Ring 2240 is configured to interface with retainer 2140. Ring 2240 may have an interference fit with retainer 2140, or other form of attachment. Sleeve 2200 is thus coupled to cuff 2100 by ring 2240 and retainer 2140. Sleeve 2200 can be exchanged for a new, second sleeve having the same or one, two, or more differing properties by inwardly deforming ring 2240 and removing sleeve 2200. Ring 2240 may be inwardly deformed using a drawstring 2241 threaded through drawstring holes 2215. Other properties of sleeves, cuffs, cuff-sleeve attachment interfaces, and sleeve exchange methods can be found, for example, in U.S. Pat. Pub. No. 2007/0198074 to Dann et al., and U.S. Pat. No. 8,070,743 to Kagan et al., each of which are hereby incorporated by reference in their entireties.

Tube 2250 includes a proximal portion 2251, a distal portion 2252, and a lumen 2253. Proximal portion 2251 of tube 2250 may be coupled to distal portion 2212 of coupling 2210 with an interference fit, heat bonded, and/or other suitable methods. Tube 2250 may have a uniform width. Alternatively,

tube **2250** may taper or change in width. Tube **2250** may allow food and liquids to bypass the stomach and/or part of the intestine. Tube **2250** may allow foods and liquids to be bypassed into the duodenum, jejunum, or other part of the intestine. In one embodiment, tube **2250** may have a length of approximately 80 cm to 120 cm, a diameter of approximately 15 mm to 25 mm, and/or a thickness of about 0.05 mm to about 0.5 mm, such as about 0.15 mm.

Tube **2250** may be made of a material that is floppy or flaccid, but does not stretch substantially in a radial direction. Thus, tube **2250** may be flexible and compliant inwardly to allow peristaltic forces to act on its contents, but will not balloon outwardly. Tube **2250** may also not stretch substantially in a longitudinal direction. Tube **2250** may be made of a polyurethane elastomer such as PELLETHANE, or any other suitable material. Tube **2250** may be impermeable or semi-permeable. Tube **2250** may allow nutrients and medications inside tube **2250** to pass outward. Alternatively or in addition, tube **2250** may allow digestive juices and hormones outside tube **2250** to pass inward. Tube **2250** or portions of tube **2250** may be biodegradable. Tube **2250** with a plurality of biodegradable portions may be configured such that each portion degrades at a different rate.

Tube **2250** may include one or more coatings to resist calcification, deliver medications, provide lubriciousness, and/or provide other desired properties. Tube **2250** may include an electrical stimulation element to resist calcification and promote motility and satiety. Various electrical stimulation elements that can be utilized or modified for use with the systems and methods disclosed herein are described, for example, in U.S. Pat. No. 7,881,797 to Griffin et al., which is hereby incorporated by reference in its entirety. Tube **2250** may be made up of one or more sections which may be coupled or uncoupled to adjust a length of tube **2250**. Tube **2250** may include one, two, or more additional lumens interior to, exterior to, or within walls of tube **2250** for delivery of medications, access for imaging devices for visual monitoring, and access for diagnostic sampling. Tube **2250** may have additional lumens which open at different points along the length of tube **2250** for targeted delivery or access.

Tube **2250** may include a radiopaque marker **2254**. Radiopaque marker **2254** may be one or more longitudinal stripes which run along all or part of the length of tube **2250**. Radiopaque marker **2254** may be configured to help prevent or reduce kinking and twisting of tube **2250**. For example, radiopaque marker **2254** may be thicker and/or wider toward proximal portion **2251** of tube **2250**, where kinking and twisting may be more pronounced. Alternatively, radiopaque marker **2254** may be a helical stripe, circumferential bands, or other suitable configuration. Radiopaque marker **2254** may be coupled to an inside surface of tube **2250** to help maintain at least some patency of lumen **2253** and prevent lumen **2253** from closing completely when tube **2250** is kinked or twisted. Alternatively, radiopaque marker **2254** may be coupled to an outside surface of tube **2250**. Various embodiments, features, materials and parameters of cuffs, sleeves, anchors, and other components that can be used or modified for use with those disclosed herein are described, for example, in the following patents and publications, each of which are incorporated by reference in their entireties: U.S. Pat. Pub. No. 2007/0198074 to Dann et al., U.S. Pat. No. 8,070,743 to Kagan et al., U.S. Pat. Pub. No. 2009/0149871 to Kagan et al., U.S. Pat. Pub. No. 2004/0092892 to Kagan et al., U.S. Pat. Pub. No. 2006/0155375 to Kagan et al., U.S. Pat. Pub. No. 2006/0015125 to Swain, U.S. Pat. Pub. No. 2006/0020254 to von Hoffmann, U.S. Pat. No. 8,118,774 to Dann et al., U.S. Pat. Pub. No.

2009/0012553 to Swain et al., U.S. Pat. Pub. No. 2009/0012544 to Thompson et al., and U.S. Pat. Pub. No. 2009/0012541 to Dahl et al.

Tube **2250** may include one, two, three, or more tails **2255** at distal portion **2252**. Tails **2255** may be folded over each other and cinched with a grasping element, such as a loop snare, to seal distal portion **2255** of tube **2250** during deployment of sleeve **2200**. Tails **2255** may be as described, for example, in U.S. Pat. No. 8,118,774 to Dann et al., which is hereby incorporated by reference in its entirety.

Halo **2260** may be coupled to proximal portion **2211** of coupling **2210** by one or more standoffs **2261**. Standoffs **2261** may be coupled to proximal portion **2211** of coupling **2210** using an adhesive or other suitable methods. Halo **2260** may be made of suture or other suitable material. Halo **2260** is configured to be coupled to hooks **2160**. Halo **2260** and hooks **2160** may provide a primary or backup coupling between sleeve **2200** and cuff **2100**. Halo **2260** and hooks **2160** are configured to keep sleeve **2200** coupled to cuff **2100** if the coupling between retainer **2140** and ring **2240** should fail. Halo **2260** may be cut between standoffs **2261** to release sleeve **2200** for removal or exchange. Distal portion **2112** of liner **2110** may be enlarged in diameter or otherwise configured to accommodate halo **2260** and standoffs **2261**.

FIGS. 3A-3C show yet another embodiment of a gastrointestinal bypass device **3000**. FIG. 3A shows a perspective view of gastrointestinal bypass device **3000**. FIG. 3B shows an exploded view of gastrointestinal bypass device **3000**. FIG. 3C shows a cross-sectional view of gastrointestinal bypass device **3000**. FIG. 3D shows still another embodiment of a gastrointestinal bypass device **3000A**. FIGS. 3E-3F show top views of cuff **3100** in an open and a closed position. FIGS. 3G-3H show enlarged views of strut **3150**. FIGS. 3I-3J show side views of cuff **3100** normally and subjected to a retrograde force. FIGS. 3K-3L show other embodiments of sleeve **3200**.

Gastrointestinal bypass device **3000** may include a gastrointestinal cuff **3100** and a gastrointestinal sleeve **3200**.

Cuff **3100** may be configured to be attached in the esophagus. Cuff **3100** may be attached at or near the gastroesophageal junction. Alternatively, cuff **3100** may be attached proximal to the gastroesophageal junction, in the proximal stomach, or at some other location. For example, cuff **3100** may be attached within about 3 cm, 2.5 cm, 2 cm, 1.5 cm, 1 cm, 0.5 cm, above, below, or at the GEJ or squamo-columnar junction (SCJ or Z-line). Some non-limiting locations for attachment can be found, for example, in U.S. Pat. Pub. No. 2007/0198174 to Dann et al., which is hereby incorporated by reference in its entirety (e.g., at paras. [0131] to [0147]). Cuff **3100** may be sufficiently flexible to expand and collapse to conform with the inside of the esophagus. Cuff **3100** directs food and liquids into sleeve **3200**, and provides a structure to which sleeve **3200** may be attached. Cuff **3100** may be attached using tissue anchors.

Cuff **3100** may include a liner **3110**, an edge with one, two, or more projections, e.g., a scalloped edge **3120**, a plurality of anchor holes **3130**, a retainer **3140**, a plurality of struts **3150**, one or more attachment holes **3160**, and a scaffold **3170**.

Liner **3110** may include a proximal portion **3111**, a distal portion **3112**, a lumen **3113**, and a longitudinal axis **3114**. Liner **3110** may be tubular and may have a uniform width. Alternatively, liner **3110** may taper or change in width. Liner **3110** may be made of material that is flexible. This flexibility allows the attachment area, such as the lower esophageal sphincter, to open and close substantially normally. Liner **3110** may be made of a material that is thin, allowing it to collapse into a smaller profile. This smaller profile allows the

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attachment area, such as the lower esophageal sphincter, to close substantially normally, and also helps liner 3110 to be collapsed for delivery. Liner 3110 may include an inner layer 3116 and an outer layer 3117. Alternatively, liner 3110 may include a single layer of material, or any number of layers. Inner layer 3116 and outer layer 3117 may be sealed at proximal portion 3111 with an edge seal 3118. Edge seal 3118 may be silicone or other suitable material. Edge seal 3118 may be radiopaque. Alternatively, inner layer 3116 and outer layer 3117 may be formed from a single layer of material folded over Inner layer 3116 and outer layer 3117 may be at least partially coupled together by sutures, thermal bonding, ultrasonic or laser welding, or other ways. Liner 1110 may be at least semi-permeable to liquids and/or solids. This semi-permeability may allow some food to reach the stomach, and may help the stomach maintain some residual functionality. This semi-permeability may allow medications to reach the stomach. Liner 3110 may be made of DACRON or any other suitable material. In one embodiment, liner 3110 may have a length of approximately 20 mm to 80 mm.

Scalloped edge 3120 may include a plurality of peaks 3121 and valleys 3122 formed at the edge of proximal portion 3111 of liner 3110. Peaks 3121 and valleys 3122 may be of uniform shape and size. Alternatively, peaks 3121 and valleys 3122 may be of varying shapes and sizes. Scalloped edge 3120 allows peaks 3121 to open wider than the rest of liner 3110, as shown in FIG. 3E. This enhances conformance of scalloped edge 3120 to an inside of the esophagus and reduces the amount of food and liquids which pass outside of scalloped edge 3120 and into the stomach (and thus outside of the cuff and sleeve). Reducing the amount of food or liquid that passes outside of the cuff and sleeve can in some cases advantageously improve clinical endpoints (e.g., improved weight loss, improved glycemic, lipid profile, blood pressure, etc.). Valleys 3122 may include a webbing which may be thinner than liner 3110. Scalloped edge 3120 reduces bunching of liner 3110 when the esophagus is closed, and reduces the profile of liner 3110 when the esophagus is closed, as shown in FIG. 3F.

A coupling mechanism, e.g., anchor holes 3130 may be formed in the peaks 3121 of scalloped edge 3120. Anchor holes 3130 are configured to receive tissue anchors. Anchor holes 3130 may be marked with a contrasting color, radiopaque marker, or other means to aid visualization. Anchor holes 3130 may be marked with stitching, ink, or other suitable marking. Anchor holes 3130 may be used as a placement template for tissue anchors. Anchor holes 3130 may be evenly spaced about a circumference of liner 3110. Evenly spaced anchor holes 3130 may help to distribute forces among the tissue anchors, prevent concentration of forces in a small number of tissue anchors, and enhance conformance of liner 3110 to an inside (e.g., luminal wall) of the esophagus. Alternatively, anchor holes 3130 may be spaced in any manner about a circumference of liner 3110. Anchor holes 3130 may be substantially coplanar. Anchor holes 3130 may be arranged in a plane substantially perpendicular to longitudinal axis 3114, or angled to longitudinal axis 3114. A substantially coplanar arrangement may help to prevent concentration of forces in a small number of tissue anchors. Alternatively, anchor holes 3130 may be arranged in a staggered fashion.

Retainer 3140 may be coupled to distal portion 3112 of liner 3110. Retainer 3140 may be collapsible radially inwardly but not expandable radially outwardly. Retainer 3140 may be a circumferential channel formed in distal portion 3112 of liner 3110 by one or more folds 3141. Folds 3141 may be secured by a suture 3142, adhesive, or other means.

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Folds 3141 may be made more rigid by applying a stiffening substance to distal portion 3112 and/or folds 3141. The stiffening substance may be silicone or other suitable substance. Alternatively, retainer 3140 may be made of plastic or other suitable material, and coupled to distal portion 3112 of liner 3110.

Struts 3150 each include a proximal portion 3151 and a distal portion 3152. Struts 3150 may be elongate and substantially straight. Alternatively, struts 3150 may be curved or any other suitable shape. Struts 3150 may be coupled to liner 3110 between layers of liner 3110. Alternatively, struts 3150 may be coupled to an inner surface or an outer surface of liner 3110. Struts 3150 may be coupled to liner 3110 at an angle of 1 to 30 degrees or more with respect to longitudinal axis 3114 of liner 3110. Alternatively, struts 3150 may be coupled to liner 3110 longitudinally without an angle. Struts 3150 may include a first attachment element, e.g., an anchor eyelet 3154 at proximal portion 3151. Struts 3150 may include a second attachment element, e.g., a suture eyelet 3155 at distal portion 3152. Anchor eyelets 3154 may be aligned with anchor holes 3130 of liner 3110 to reinforce anchor holes 3130 of liner 3110 and prevent tissue anchors from pulling through. Struts 3150 may be coupled to liner 3110 with pockets formed by stitching together layers of liner 3110, and stitching through suture eyelets 3155. Alternatively, struts 3150 may be coupled to liner 3110 with sutures, adhesives, thermal bonding, ultrasonic or laser welding, or other suitable ways. Struts 3150 may have a uniform cross-section. Alternatively, struts 3150 may have a non-uniform cross-section which varies wider, narrower, thicker, and/or thinner. For example, struts 3150 may have a proximal portion 3151 and/or a distal portion 3152 which are thinner and/or wider, as shown in FIGS. 3G-3H. This varying cross-section allows proximal portion 3151 and/or distal portion 3152 to be more flexible. Struts 3150 may include a notch 3157. Struts 3150 may be made of a plastic such as PEEK, a metal, or any other suitable material.

Struts 3150 may reduce longitudinal stretching of liner 3110. Prograde forces such as peristaltic forces at distal portion 3112 of liner 3110 are transferred by struts 3150 to anchor eyelets 3154 and tissue anchors, to advantageously redistribute forces and minimize focal wear or failure points. Struts 3150 may also prevent inversion of liner 3110. Retrograde forces such as vomiting or retching forces at distal portion 3112 of liner 3110 cause liner 3110 and angled struts 3150 to twist or corkscrew about longitudinal axis 3114 and prevents inversion of liner 3110, as shown in FIGS. 3I-3J, helping to maintain liner 3110 in proper implanted position. This twisting or corkscrewing may also at least partially close lumen 3113 of liner 3110.

Attachment holes 3160 may be formed at distal portion 3112 of liner 3110. Attachment holes 3160 may be marked with a contrasting color to aid visualization. Attachment holes 3160 may be marked with stitching, ink, or other suitable marking.

Scaffold 3170 may be coupled to liner 3110 between layers of liner. Alternatively, scaffold may be coupled to an inner surface or an outer surface of liner 3110. Scaffold 3170 may be coupled to liner 3110 with sutures, adhesives, or other suitable ways. Scaffold 3170 may have any desired wall pattern, and in some embodiments resemble a sawtooth wave, sine wave, square wave, triangle wave, or other wave. Scaffold 3170 may include a plurality of proximal segments 3171 and a plurality of distal segments 3172 connected by a plurality of connecting segments 3173. Alternatively, scaffold 3170 may be a mesh, ring, or other suitable device. Scaffold

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3170 may be coupled to struts 3150, or formed integrally with struts 3150. Scaffold 3170 may cross each strut 3150 through notch 3157.

Scaffold 3170 provides an outward bias to enhance conformance of liner 3110 to the luminal wall of the esophagus. This outward bias may be large enough to open liner 3110 when the esophagus opens, but not so large as to prevent the esophagus from closing. Scaffold 3170 is not necessarily meant to hold cuff 3100 in the esophagus. Scaffold 3170 may have a geometry, such as length and thickness, selected to create a desired amount of outward bias. Scaffold 3170 may be made of a material selected to create a desired amount of outward bias. Scaffold 3170 may be made of plastic such as PEEK, metal, or any other suitable material. Proximal segments 3171 may be placed at or near valleys 3122. This placement positions outward bias at valleys 3122. Any portion of scaffold 3170 may be placed across struts 3150. The placement of scaffold 3170 across struts 3150 may be selected to create a desired amount of outward bias. For example, distal segments 3172 may be placed across struts 3150. This placement provides a pivot point for connecting segments 3173 of scaffold 3170. This placement may also fold or rotate peaks 3121 when liner 3110 closes, resulting in a smaller closed profile, as shown in FIGS. 3E-3F.

Sleeve 3200 is configured to be coupled to cuff 3100, either in an integrally formed or removably coupled manner. Sleeve 3200 directs food and liquids into the intestine. Sleeve 3200 may include a coupling 3210, a ring 3240, a tube 3250, and one or more attachment elements 3260.

Coupling 3210 directs food and liquids from cuff 3100 to tube 3250. Coupling 3210 includes a proximal portion 3211, a distal portion 3212, and a lumen 3213. Drawstring holes 3215 may be formed at or near proximal portion 3211. Proximal portion 3211 may have a width that is the same or substantially the same as liner 3110, or in some embodiments taper down in width to restrict the flow of food and liquids through coupling 3210, which may help to create a feeling of fullness. Distal portion 3212 may have a uniform width. Alternatively, proximal portion 3211 and distal portion 3212 may have a uniform width. Coupling 3210 may be made of a material that is flexible, but does not stretch substantially in a radial or longitudinal direction. Coupling 3210 may be made of a polyurethane elastomer such as PELLETHANE, or any other suitable material.

Ring 3240 may be coupled to proximal portion 3211 of coupling 3210. Ring 3240 may be a thickened portion of coupling 3210, or a separate structure operably attached to coupling 3210. Ring 3240 may be sufficiently flexible to deform inwardly, but sufficiently rigid to spring back to its original shape. Ring 3240 is configured to interface with retainer 3140. Ring 3240 may have an interference fit with retainer 3140, or other form of attachment. Sleeve 3200 is thus coupled to cuff 3100 by ring 3240 and retainer 3140. Sleeve 3200 can be exchanged for a new, second sleeve having the same or one, two, or more differing properties by inwardly deforming ring 3240 and removing sleeve 3200. Ring 3240 may be inwardly deformed using a drawstring 3241 threaded through drawstring holes 3215. Other properties of sleeves, cuffs, cuff-sleeve attachment interfaces, and sleeve exchange methods can be found, for example, in U.S. Pat. Pub. No. 2007/0198074 to Dann et al., and U.S. Pat. No. 8,070,743 to Kagan et al., each of which are hereby incorporated by reference in their entireties.

Tube 3250 includes a proximal portion 3251, a distal portion 3252, and a lumen 3253. Proximal portion 3251 of tube 3250 may be coupled to distal portion 3212 of coupling 3210 with an interference fit, heat bonded, and/or other suitable

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methods. Tube 3250 may have a uniform width. Alternatively, tube 3250 may taper or change in width. Tube 3250 may allow food and liquids to bypass the stomach and/or part of the intestine. Tube 3250 may allow foods and liquids to be bypassed into the duodenum, jejunum, or other part of the intestine. In one embodiment, tube 3250 may have a length of approximately 80 cm to 120 cm, a diameter of approximately 15 mm to 25 mm, and/or a thickness of about 0.05 mm to about 0.5 mm, such as about 0.15 mm.

Tube 3250 may be made of a material that is floppy or flaccid, but does not stretch substantially in a radial direction. Thus, tube 3250 may be flexible and compliant inwardly to allow peristaltic forces to act on its contents, but will not balloon outwardly. Tube 3250 may also not stretch substantially in a longitudinal direction. Tube 3250 may be made of a polyurethane elastomer such as PELLETHANE, or any other suitable material. Tube 3250 may be impermeable or semi-permeable. Tube 3250 may allow nutrients and medications inside tube 3250 to pass outward. Alternatively or in addition, tube 3250 may allow digestive juices and hormones outside tube 3250 to pass inward. Tube 3250 or portions of tube 3250 may be biodegradable. Tube 3250 with a plurality of biodegradable portions may be configured such that each portion degrades at a different rate.

Tube 3250 may include one or more coatings to resist calcification, deliver medications, provide lubriciousness, and/or provide other desired properties. Tube 3250 may include an electrical stimulation element to resist calcification and promote motility and satiety. Various electrical stimulation elements that can be utilized or modified for use with the systems and methods disclosed herein are described, for example, in U.S. Pat. No. 7,881,797 to Griffin et al., which is hereby incorporated by reference in its entirety. Tube 3250 may be made up of one or more sections which may be coupled or uncoupled to adjust a length of tube 3250. Tube 3250 may include one, two, or more additional lumens interior to, exterior to, or within walls of tube 3250 for delivery of medications, access for imaging devices for visual monitoring, and access for diagnostic sampling. Tube 3250 may have additional lumens which open at different points along the length of tube 3250 for targeted delivery or access.

Tube 3250 may include a radiopaque marker 3254. Radiopaque marker 3254 may be one or more longitudinal stripes which run along all or part of the length of tube 3250. Radiopaque marker 3254 may be configured to help prevent or reduce kinking and twisting of tube 3250. For example, radiopaque marker 3254 may be thicker and/or wider toward proximal portion 3251 of tube 3250 as shown in FIG. 3K, where kinking and twisting may be more pronounced. Alternatively, radiopaque marker 3254 may be a helical stripe as shown in FIG. 3L, circumferential bands, or other suitable configuration. Radiopaque marker 3254 may be coupled to an inside surface of tube 3250 to help maintain at least some patency of lumen 3253 and prevent lumen 3253 from closing completely when tube 3250 is kinked or twisted. Alternatively, radiopaque marker 3254 may be coupled to an outside surface of tube 3250. Various embodiments, features, materials and parameters of cuffs, sleeves, anchors, and other components that can be used or modified for use with those disclosed herein are described, for example, in the following patents and publications, each of which are incorporated by reference in their entireties: U.S. Pat. Pub. No. 2007/0198074 to Dann et al., U.S. Pat. No. 8,070,743 to Kagan et al., U.S. Pat. Pub. No. 2009/0149871 to Kagan et al., U.S. Pat. Pub. No. 2004/0092892 to Kagan et al., U.S. Pat. Pub. No. 2006/0155375 to Kagan et al., U.S. Pat. Pub. No. 2006/0015125 to Swain, U.S. Pat. Pub. No. 2006/0020254 to von Hoffmann,

U.S. Pat. No. 8,118,774 to Dann et al., U.S. Pat. Pub. No. 2009/0012553 to Swain et al., U.S. Pat. Pub. No. 2009/0012544 to Thompson et al., and U.S. Pat. Pub. No. 2009/0012541 to Dahl et al.

Tube **3250** may include one, two, three, or more tails **3255** at distal portion **3252**. Tails **3255** may be folded over each other and cinched with a grasping element, such as a loop snare, to seal distal portion **3255** of tube **3250** during deployment of sleeve **3200**. Tails **3255** may be as described, for example, in U.S. Pat. No. 8,118,774 to Dann et al., which is hereby incorporated by reference in its entirety.

Attachment elements **3260** are configured to be coupled to attachment holes **3160**. Attachment elements **3260** and attachment holes **3160** may provide a, first, e.g., a primary, or second, e.g., a backup coupling between sleeve **3200** and cuff **3100**. Attachment elements **3260** and attachment holes **3160** may be configured to keep sleeve **3200** coupled to cuff **3100** if the coupling between retainer **3140** and ring **3240** should fail. Attachment elements **3260** may each include a suture **3261** and a bar **3262**. Bar **3262** may be configured to be threaded through attachment holes **3160**. Suture **3261** may be cut to release sleeve **3200** for removal or exchange.

One or more safety sutures may be used to provide a backup coupling between sleeve **3200** and cuff **3100**. Safety sutures may be cut to release sleeve **3200** for removal or exchange.

FIGS. 4A-4B show one embodiment of a tissue anchor **1300**. FIG. 4A shows a perspective view of tissue anchor **1300**. FIG. 4B shows a cross-sectional view of tissue anchor **1300**.

FIGS. 4C-4D show another embodiment of a tissue anchor **1300A**. FIG. 4C shows a perspective view of tissue anchor **1300A**. FIG. 4D shows a cross-sectional view of tissue anchor **1300A**.

The cuffs and/or sleeves described above may be anchored, for example, using tissue anchors **1300** and tissue anchors **1300A**, or any other suitable tissue anchor. Other tissue anchors or features of tissue anchors that may be used with systems and methods as described herein can be found, for example, in U.S. Pat. Pub. No. 2009/0012541 to Dahl et al., which is hereby incorporated by reference in its entirety.

Tissue anchor **1300** and tissue anchor **1300A** are configured to pass through a tissue wall to retain a device. For example, tissue anchor **1300** and tissue anchor **1300A** may be configured to pass through an anchor hole in a cuff and transmurally through the wall of the esophagus to retain a cuff in the esophagus.

Tissue anchor **1300** and tissue anchor **1300A** each include a proximal retention element **1310**, a distal retention element **1320**, and a tension element **1350**.

Proximal retention element **1310** is configured to be deployed on a proximal side of a tissue wall. Proximal retention element **1310** may be a button, a bar, or other suitable shape. In one embodiment, proximal retention element **1310** may be a button having a diameter of approximately 2 mm to 5 mm, and a thickness of approximately 0.25 mm to 1 mm. Proximal retention element **1310** may include one or more holes **1311**.

Distal retention element **1320** is configured to be deployed on a distal side of a tissue wall. Distal retention element **1320** includes a hub **1330** and a plurality of petals **1340**.

Hub **1330** includes a proximal end **1331**, a distal end **1332**, and a longitudinal axis **1333**. Hub **1330** includes an inner tube **1334** having a central lumen **1335**. Hub **1330** also includes an outer tube **1336**. Inner tube **1334** and outer tube **1336** form an annular space **1337**. Inner tube **1334** and outer tube **1336** may be substantially the same length, or be of different lengths

Inner tube **1334** and outer tube **1336** may be made of a stainless steel or other suitable material.

Petals **1340** each include a hub portion **1341**, an inclined portion **1342**, and a tissue contact portion **1343**. Hub portion **1341** is coupled to tissue contact portion **1343** by inclined portion **1342**. Hub portion **1341** is at least partially positioned within annular space **1337**. Hub portion **1341** may be coupled to inner tube **1334** and outer tube **1336** with an adhesive **1338**. Adhesive **1338** may be a two-part epoxy or other suitable material or adhesive. In one embodiment, hub portion **1341** may have a length of approximately 1 mm to 2 mm. Inclined portion **1342** extends from proximal end **1331** of hub **1330**. In one embodiment, inclined portion **1342** may be inclined at an angle of approximately 30 to 60 degrees with respect to longitudinal axis **1333**. Alternatively, inclined portion **1342** may be inclined at a variable angle between 0 and 90 degrees with respect to longitudinal axis **1333**. In one embodiment as shown in FIGS. 4A-4B, inclined portion **1342** may have a length of approximately 3 mm to 4 mm. In another embodiment as shown in FIGS. 4C-4D, inclined portion **1342** may have a length of approximately 2 mm to 3 mm. Tissue contact portion **1343** is configured to contact a distal surface of a tissue wall. Tissue contact portion **1343** may be substantially flat, or it may be configured to curve away from the distal surface of a tissue wall. Tissue contact portion **1343** may be substantially perpendicular to longitudinal axis **1333** of hub **1330**. Tissue contact portion **1343** may have an open structure which reduces the amount of material coming into contact with a distal surface of a tissue wall. This open structure may reduce a response by a tissue wall to tissue contact portion **1323**. In one embodiment as shown in FIGS. 4A-4B, tissue contact portion **1343** may have a footprint having an outside diameter of approximately 7 mm to 8 mm, and an inside diameter of approximately 4 mm to 5 mm. In another embodiment as shown in FIGS. 4C-4D, tissue contact portion **1343** may have a footprint having an outside diameter of approximately 8 mm to 10 mm, and an inside diameter of approximately 4 mm to 5 mm. Petals **1340** may be sufficiently flexible to be collapsed into a delivery configuration for delivery inside a needle and expanded into a deployed configuration on a distal side of a tissue wall. Petals **1340** may be sufficiently flexible to provide shock absorption. Petals **1340** may be formed of one or more lengths of wire, cut from one or more sheets of material, or made using any other suitable method. In one embodiment, petals **1340** may be formed of wire having a diameter of approximately 0.1 mm to 0.2 mm. Petals **1340** may be made of nitinol or other suitable material. Petals **1340** may be coated or treated with an antibiotic or other therapeutic agent.

Tension element **1350** includes a proximal portion **1351** and a distal portion **1352**. Proximal portion **1351** is coupled to proximal retention element **1310**. Proximal portion **1351** may pass through hole **1311** of proximal retention element **1310** and coupled with one or more knots. Distal portion **1352** is positioned within central lumen **1335** of inner tube **1334**. Distal portion **1352** may be coupled to inner tube **1334** with an adhesive **1339** or other suitable ways. Adhesive **1339** may be a two-part epoxy or other suitable material or adhesive. Distal portion **1352** may also be coupled to inner tube **1334** with one or more knots. Tension element **1350** is configured to pass through a tissue wall. Tension element **1350** may have a reduced width or thickness in order to decrease the size of the hole through a tissue wall, which may lower the likelihood of infection or other response. In one embodiment, tension element **1350** may have a diameter of approximately 0.2 to 0.5 mm. Tension element **1350** may be elastic or inelastic.

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Tension element **1350** may be a suture, a wire, or other suitable device. Tension element **1350** may be coated or treated with an antibiotic agent.

FIGS. **5A-5C** show one embodiment of a tissue marking device **1400**. FIG. **5A** shows a perspective view of tissue marking device **1400**. FIG. **5B** shows an enlarged cross-sectional view of a distal portion of tissue marking device **1400**. FIG. **5C** shows an enlarged end view of a distal portion tissue marking device **1400**.

Tissue marking device **1400** may be used for aiding the placement of tissue anchors, identifying cancerous tissue, marking tissue before surgery, and other purposes. In some embodiments, tissue marking device **1400** may be used for purposes other than marking, such as for pinpoint delivery of a diagnostic or therapeutic agent into tissue, such as a chemotherapeutic drug for example.

Tissue marking device **1400** may include a marking tube **1410**, a marking tip **1420**, a dye source **1444**, and a vacuum source **1460**.

Marking tube **1410** includes a proximal portion **1411** and a distal portion **1412**. Marking tube includes an inlet lumen **1413** and an outlet lumen **1415**. Marking tube **1410** is configured to access a part of the body where the tissue is located. Marking tube **1410** may be configured to be used in a working channel of an endoscope or other device.

Marking tip **1420** may be formed at distal portion **1412** of marking tube **1410**. Marking tip **1420** includes a passage **1421** formed in a wall **1414** between inlet lumen **1413** and outlet lumen **1415**. Marking tip **1420** includes an opening **1426**. Opening **1426** may be circular, cross-shaped, X-shaped, or any other suitable size and shape as desired for a particular tissue identification, and in some embodiments could have a first opening shape to mark a first tissue, and a second opening shape to mark a second tissue. Opening **1426** may be chamfered on the inside and/or outside. Marking tip **1420** is configured to be placed against a tissue to be marked. Marking tip **1420** may be any suitable size or shape depending on the tissue to be marked. Opening **1426** could be on a distal-facing surface of marking tip **1420** as illustrated, or on a sidewall of the marking tip **1420** in other embodiments, such as described in connection with FIGS. **7A-7E** below.

Dye source **1444** may be coupled to inlet lumen **1413**. Dye source **1444** may be a reservoir containing a dye for marking tissue. The dye may be gentian violet or any other suitable ink or dye. Dye source **1444** may be a syringe or other device which allows the flow of the dye to be controlled.

Optionally, a rinse source **1445** may be coupled to inlet lumen **1413**. Rinse source **1445** may be a reservoir containing a rinse solution such as saline or water. Rinse source **1445** may be a syringe or other device which allows the flow of the rinse solution to be controlled.

A single solution may be used which performs both functions of the dye and the rinse solution.

A manifold **1450** may be used to couple dye source **1444** and rinse source **1445** to inlet lumen **1413**. Manifold **1450** may include one or more valves **1451** which allow dye source **1444** and rinse source **1445** to be turned on and off independently.

Vacuum source **1460** may be coupled to outlet lumen **1415**. Vacuum source **1460** may be a pump or other suitable device. Vacuum source **1460** is configured to draw a tissue placed against marking tip **1420** and create a seal between opening **1426** and the tissue. Vacuum source **1460** is also configured to fill marking tip **1420** with a dye from dye source **1444** and a rinse solution from rinse source **1445**.

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Tissue marking device **1400** may be a sealed system, which allows for a given fluid to be maintained in marking tip **1420** as long as a vacuum is applied and a seal with the tissue is maintained.

FIGS. **6A-6D** show one embodiment of a method for using tissue marking device **1400**.

FIG. **6A** shows positioning marking tip **1420** against a tissue to be marked. An endoscope **S** may be used to place marking tip **1420** against the tissue.

FIG. **6B** shows drawing the tissue against marking tip **1420**. Vacuum source **1460** is turned on to create a vacuum in marking tip **1420**. Vacuum source **1460** draws the tissue against marking tip **1420**, creating a seal between opening **1426** and the tissue.

FIG. **6C** shows marking the tissue. Valve **1451** for dye source **1444** is opened and vacuum source **1460** fills marking tip **1420** with a dye from dye source **1444** to mark the tissue exposed through opening **1426**. Vacuum source **1460** may be used to maintain the dye in marking tip **1420** for a length of time to allow the dye to penetrate into the tissue. The dye may then be evacuated from marking tip **1420**.

Optionally, rinsing marking tip **1420** and/or the tissue may be performed. Valve **1451** for rinse source **1445** is opened and vacuum source **1460** fills marking tip **1420** with a rinse solution from rinse source **1445**.

FIG. **6D** shows marking tip **1420** removed from the tissue, showing the tissue mark.

FIG. **7A** shows one embodiment of a tissue marking device **2400**. FIGS. **7B-7D** show various embodiments of marking surface **2420**. FIG. **7E** shows various embodiments of openings **2426**.

Tissue marking device **2400** may be used for aiding the placement of tissue anchors, identifying cancerous tissue, marking tissue before surgery, and other purposes. In some embodiments, tissue marking device **2400** may be used for purposes other than marking, such as for pinpoint delivery of a diagnostic or therapeutic agent into tissue, such as a chemotherapeutic drug for example.

Tissue marking device **2400** may include an access element **2410**, a marking interface **2420**, a positioning element **2430**, a dye source **2444**, and a vacuum source **2460**.

Access element **2410** includes a proximal portion **2411** and a distal portion **2412**. Access element **2410** may include an inlet tube **2413** and an outlet tube **2415**. Access element **2410** is configured to access a part of the body where the tissue is located. In one embodiment, an access element **2410** used for esophageal access may be a catheter of suitable length and diameter to access the gastroesophageal junction or other part of the esophagus. Access element **2410** may be configured to be used with a visualization device. In other embodiments, access element **2410** may be an endoscope, a solid elongate member, or other suitable device used to access the esophagus or other bodily cavities.

Marking surface **2420** may be coupled to distal portion **2412** of access element **2410**. Alternatively, marking surface **2420** may be coupled to any suitable part of access element **2410**. Marking surface **2420** includes a lumen **2421** having an inlet **2423** and an outlet **2425**. Inlet **2423** and outlet **2425** may be coupled to inlet tube **2413** and outlet tube **2415**. Lumen **2421** may be linear, meandering, or U-shaped, as shown in FIGS. **7B-7D**, or any other suitable configuration. Lumen **2421** may include one or more gaps **2422** for visualization. Marking surface **2420** includes one or more openings **2426**. Openings **2426** may be arranged in one or more rows that can be regularly or irregularly spaced apart. Regularly spaced apart rows may be advantageous, for example, for calibration or measuring of distances. Openings **2426** may be circular,

cross-shaped, X-shaped, or any other suitable size and shape as desired for a particular tissue identification, and in some embodiments could have a first opening shape to mark a first tissue, and a second opening shape to mark a second tissue. Openings **2426** may be chamfered on the inside and/or outside. Marking surface **2420** is configured to be placed against a tissue to be marked. Marking surface **2420** may be any suitable size or shape depending on the tissue to be marked. In one embodiment, marking surface **2420** may simply be a tube with one or more openings **2426** formed in a side of the tube.

Positioning element **2430** may be coupled to distal portion **2412** of access element **2410**. Positioning element **2430** may be an expandable element, such as balloon, expandable mesh, or other suitable device. Positioning element **2430** may be coupled a known distance proximal or distal to marking surface **2420**. Positioning element **2430** may be used to position marking surface **2420** with respect to an anatomical feature. In one embodiment, positioning element **2430** is a balloon configured to be expanded in the stomach, and configured to position marking surface **2420** in the esophagus a known distance from the opening of the stomach.

Optionally, a first rinse source **2441** may be coupled to inlet tube **2413**. First rinse source **2441** may be a reservoir containing a first rinse solution such as saline or water. First rinse source **2441** may be a syringe or other device which allows the flow of the first rinse solution to be controlled.

Optionally, a second rinse source **2442** may be coupled to inlet tube **2413**. Second rinse source **2442** may be a reservoir containing a second rinse solution such as acetic acid. Second rinse source **2442** may be a syringe or other device which allows the flow of the second rinse solution to be controlled.

Optionally, a prep source **2443** may be coupled to inlet tube **2413**. Prep source **2443** may be a reservoir containing a prep solution such as isopropyl alcohol. Prep source **2443** may be a syringe or other device which allows the flow of the prep solution to be controlled.

Dye source **2444** may be coupled to inlet tube **2413**. Dye source **2444** may be a reservoir containing a dye for marking tissue. The dye may be gentian violet or any other suitable ink or dye. Dye source **2444** may be a syringe or other device which allows the flow of the dye to be controlled.

Optionally, a third rinse source **2445** may be coupled to inlet tube **2413**. Third rinse source **2445** may be a reservoir containing a third rinse solution such as saline or water. Third rinse source **2445** may be a syringe or other device which allows the flow of the third rinse solution to be controlled.

A single solution may be used which performs two or more functions of the first rinse solution, second rinse solution, prep solution, dye, and third rinse solution.

A manifold **2450** may be used to couple first rinse source **2441**, second rinse source **2442**, prep source **2443**, dye source **2444**, and third rinse source **2445** to inlet tube **2413**. Manifold **2450** may include one or more valves **2451** which allow first rinse source **2441**, second rinse source **2442**, prep source **2443**, dye source **2444**, and third rinse source **2445** to be turned on and off independently.

Vacuum source **2460** is coupled to outlet tube **2415**. Vacuum source **2460** may be a pump or other suitable device. Vacuum source **2460** is configured to create a vacuum within lumen **2421** of marking surface **2420**. Vacuum source **2460** is configured to draw a tissue placed against marking surface **2420** and create a seal between openings **2426** and the tissue. Vacuum source **2460** is configured to fill lumen **2421** with a first rinse solution from first rinse source **2441**, a second rinse solution from second rinse source **2442**, a prep solution from prep source **2443**, a dye from dye source **2444**, and/or a third rinse solution from third rinse source **2445**.

Tissue marking device **2400** may be a sealed system, which allows for a given fluid to be maintained in lumen **2421** as long as a vacuum is applied and a seal with the tissue is maintained.

FIGS. **8A-8F** show one embodiment of a method for using tissue marking device **2400**.

FIG. **8A** shows introducing access element **2410** into a first location, e.g., the esophagus and introducing positioning element **2430** into a second location, e.g., the stomach which in some embodiments may be distal to the first location.

FIG. **8B** shows expanding positioning element **2430** in the stomach.

FIG. **8C** shows seating positioning element **2430** against the opening of the stomach to position marking surface **2420** a known distance from the opening of the stomach in the esophagus. Alternatively, marking surface **2420** may be positioned using an initial mark made previously by tissue marking device **1400**.

FIG. **8D** shows drawing the tissue against marking surface **2420**. Vacuum source **2460** is turned on to create a vacuum in lumen **2421**. Vacuum source **2460** draws the tissue against marking surface **2420**, creating a seal between openings **2426** and the tissue.

Optionally, rinsing the tissue may be performed one or more times. Valve **2451** for first rinse source **2441** is opened and vacuum source **2460** fills lumen **2421** with a first rinse solution from first rinse source **2441** to rinse the tissue exposed through openings **2426**. Valve **2451** for second rinse source **2442** is opened and vacuum source **2460** fills lumen **2421** with a second rinse solution from second rinse source **2442** to rinse the tissue exposed through openings **2426**.

Optionally, preparing the tissue may be performed. Valve **2451** for prep source **2443** is opened and vacuum source **2460** fills lumen **2421** with a prep solution from prep source **2443** to prepare the tissue exposed through openings **2426**.

FIG. **8E** shows marking the tissue. Valve **2451** for dye source **2444** is opened and vacuum source **2460** fills lumen **2421** with a dye from dye source **2444** to mark the tissue exposed through openings **2426**. Vacuum source **2460** may be used to maintain the dye in lumen **2421** for a length of time to allow the dye to penetrate into the tissue. The dye is then evacuated from lumen **2421**.

Optionally, rinsing lumen **2421** and/or the tissue may be performed. Valve **2451** for third rinse source **2445** is opened and vacuum source **2460** fills lumen **2421** with a third rinse solution from third rinse source **2445** to rinse lumen **2421** and/or the tissue exposed through openings **2426**.

FIG. **8F** shows marking surface **2420** removed from the tissue, showing the tissue marks.

FIGS. **9A-9C** show one embodiment of a sleeve delivery device **1500**. FIG. **9A** shows a perspective view of sleeve delivery device **1500**. FIG. **9B** shows an enlarged view of a distal portion of sleeve delivery device **1500**. FIG. **9C** shows a cross-sectional view of sleeve delivery device **1500**.

Sleeve delivery device **1500** may be used to deliver a gastrointestinal sleeve. Sleeve delivery device **1500** may also be used to deliver a gastrointestinal cuff together with or apart from a gastrointestinal sleeve.

Sleeve delivery device **1500** may include a handle **1510**, a delivery catheter **1520**, a sealing element **1540**, a release element **1550**, and a pump **1570**.

Handle **1510** may include a sealing port **1514**, a release port **1515**, a pump port **1517**, and a snare port **1518**. Snare port **1518** is configured to receive a loop snare or other grasping device.

Delivery catheter **1520** includes a proximal portion **1521** and a distal portion **1522**. Proximal portion **1521** is coupled to

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handle **1510**. Distal portion **1522** is configured to receive a proximal portion of a gastrointestinal sleeve. Distal portion **1522** may be curved to facilitate placement into the pylorus and/or intestine. Delivery catheter **1520** includes a delivery lumen **1523**, a sealing lumen **1524**, and a release lumen **1525**. Delivery lumen **1523** is configured to receive at least a distal portion of a gastrointestinal sleeve which may be inverted inside delivery lumen **1523**. Sealing lumen **1524** is in communication with a sealing opening **1534** formed in a side of distal portion **1522**. Release lumen **1525** is in communication with a release opening **1535** formed in a side of distal portion **1522**.

Sealing element **1540** is configured to form a substantially fluid-tight seal between a proximal portion of a sleeve, such as a gastrointestinal sleeve, and distal portion **1522** of delivery catheter **1520**, when a proximal portion of a gastrointestinal sleeve is placed over distal portion **1522** of delivery catheter **1520**. Sealing element **1540** is also configured to retain a gastrointestinal sleeve to delivery catheter **1520** during delivery. Sealing element **1540** may be, for example, a suture, wire, or other means that runs through sealing lumen **1524**, exits out of sealing opening **1534**, and wraps one or more times around a proximal portion of a gastrointestinal sleeve placed over distal portion **1522** of delivery catheter **1520**. Sealing element **1540** may include a distal portion **1542** having a loop or a ring.

Release element **1550** is slidably disposed in release lumen **1525**. Release element **1550** is configured to retain a distal portion **1542** of sealing element **1540**. Release element **1550** is exposed at release opening **1535**. Release element **1550** may be a wire. Alternatively, release element **1550** may be a suture or other suitable device.

Pump **1570** is configured to be coupled to pump port **1517**. Pump **1570** is configured to pump a fluid such as water into delivery lumen **1523** to evert a gastrointestinal sleeve loaded onto delivery catheter **1520**. Pump **1570** may include controls for pressure, volume, flow rate, time, or other parameters.

FIGS. 9D-9G show one embodiment of a method for loading sleeve delivery device **1500**. FIG. 9D shows placing a proximal portion of a gastrointestinal sleeve over distal portion **1522** of delivery catheter **1520**. FIG. 9E shows wrapping sealing element **1540** around the proximal portion of the gastrointestinal sleeve. FIG. 9F shows securing distal portion **1542** of sealing element **1540** in release opening **1535** using release element **1550**. FIG. 9G shows tightening of sealing element **1540** around the proximal portion of the gastrointestinal sleeve. The loading may be completed by inserting a grasper, such as a loop snare through delivery lumen **1523** and the gastrointestinal sleeve, sealing a distal portion of the gastrointestinal sleeve, and using the loop snare to pull the distal portion of the gastrointestinal sleeve into delivery lumen **1523** to invert the gastrointestinal sleeve into delivery lumen **1523**. Further examples of everting systems and methods that can be used with the systems and methods disclosed herein can be found, for example, in U.S. Pat. No. 8,118,774 and U.S. Pat. Pub. No. 2007/0198074, both of which are incorporated by reference in their entireties.

FIGS. 10A-10C show another embodiment of a sleeve delivery device **2500**. FIG. 10A shows a perspective view of sleeve delivery device **2500**. FIG. 10B shows an enlarged view of a distal portion of sleeve delivery device **2500**. FIG. 10C shows a cross-sectional view of sleeve delivery device **2500**.

Sleeve delivery device **2500** may be used to deliver a gastrointestinal sleeve. Sleeve delivery device **2500** may also be used to deliver a gastrointestinal cuff together with or apart from a gastrointestinal sleeve.

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Sleeve delivery device **2500** may include a handle **2510**, a delivery catheter **2520**, a sealing element **2540**, one or more rings **2550**, and a pump **2570**.

Handle **2510** may include a sealing port **2514**, a pump port **2517**, and a snare port **2518**. Snare port **2518** is configured to receive a loop snare or other grasping device.

Delivery catheter **2520** includes a proximal portion **2521** and a distal portion **2522**. Proximal portion **2521** is coupled to handle **2510**. Distal portion **2522** is configured to receive a proximal portion of a gastrointestinal sleeve. Distal portion **2522** may be curved to facilitate placement into the pylorus and/or intestine. Delivery catheter **2520** includes a delivery lumen **2523** and a sealing lumen **2524**. Delivery lumen **2523** is configured to receive at least a distal portion of a gastrointestinal sleeve which may be inverted inside delivery lumen **2523**. Sealing lumen **2524** is in communication with a sealing opening **2534** formed in a side of distal portion **2522**.

Sealing element **2540** is configured to form a substantially fluid-tight seal between a proximal portion of a sleeve, such as a gastrointestinal sleeve, and distal portion **2522** of delivery catheter **2520**, when a proximal portion of a gastrointestinal sleeve is placed over distal portion **2522** of delivery catheter **2520**. Sealing element **2540** is also configured to retain a gastrointestinal sleeve to delivery catheter **2520** during delivery. Sealing element **2540** may be, for example, a suture, wire, or other means that runs through sealing lumen **2524**, exits out of sealing opening **2534**, and wraps one or more times around a proximal portion of a gastrointestinal sleeve placed over distal portion **1522** of delivery catheter **1520**. Sealing element **1540** may include a distal portion **1542** that may be tied to sealing element **1540** with a releasable knot.

Rings **2550**, which may include any radially outwardly protruding structure, may be formed or coupled around distal portion **2522** of delivery catheter **2520**. Rings **2550** may be coupled with heat shrink tubing, an adhesive, or other suitable methods. Rings **2550** are configured to fit inside a proximal portion of a gastrointestinal sleeve. Rings **2550** may cooperate with sealing element **2540** to help seal and retain a proximal portion of a gastrointestinal sleeve around distal portion **2522** of delivery catheter **2520**.

Pump **2570** is configured to be coupled to pump port **2517**. Pump **2570** is configured to pump a fluid such as water into delivery lumen **2523** to evert a gastrointestinal sleeve loaded onto delivery catheter **2520**. Pump **2570** may include controls for pressure, volume, flow rate, time, or other parameters.

FIGS. 10D-10G show one embodiment of a method for loading sleeve delivery device **2500**. FIG. 10D shows placing a proximal portion of a gastrointestinal sleeve over distal portion **2522** of delivery catheter **2520** and over rings **2550**. FIG. 10E shows wrapping sealing element **2540** around the proximal portion of the gastrointestinal sleeve between two rings **2550**. FIG. 10F shows securing sealing element **2540** to itself by tying a knot that will release when pulled, such as a slip knot. FIG. 10G shows tightening of sealing element **2540** around the proximal portion of the gastrointestinal sleeve. The loading may be completed by inserting a grasper, such as a loop snare, through delivery lumen **2523** and the gastrointestinal sleeve, sealing a distal portion of the gastrointestinal sleeve, and using the loop snare to pull the distal portion of the gastrointestinal sleeve into delivery lumen **2523** to invert the gastrointestinal sleeve into delivery lumen **2523**. Further examples of everting systems and methods that can be used with the systems and methods disclosed herein can be found, for example, in U.S. Pat. No. 8,118,774 and U.S. Pat. Pub. No. 2007/0198074, both of which are incorporated by reference in their entireties.

FIGS. 11A-11C show yet another embodiment of a sleeve delivery device 3500. FIG. 11A shows a perspective view of sleeve delivery device 3500. FIG. 11B shows an enlarged view of a distal portion of sleeve delivery device 3500. FIG. 11C shows a cross-sectional view of sleeve delivery device 3500.

Sleeve delivery device 3500 may be used to deliver a gastrointestinal sleeve. Sleeve delivery device 3500 may also be used to deliver a gastrointestinal cuff together with or apart from a gastrointestinal sleeve.

Sleeve delivery device 3500 may include a handle 3510, a delivery catheter 3520, a balloon 3540, a boot 3560, and a pump 3570.

Handle 3510 may include an inflation port 3514, a boot release port 3516, a pump port 3517, and a snare port 3518. Inflation port 3514 is configured to be coupled to an inflation source. Snare port 3518 is configured to receive a loop snare or other grasping device.

Delivery catheter 3520 includes a proximal portion 3521 and a distal portion 3522. Proximal portion 3521 is coupled to handle 3510. Distal portion 3522 is configured to receive a proximal portion of a gastrointestinal sleeve. Distal portion 3522 may be curved to facilitate placement into the pylorus and/or intestine. Delivery catheter 3520 includes a delivery lumen 3523, an inflation lumen 3524, and a boot release lumen 3526. Delivery lumen 3523 is configured to receive at least a distal portion of a gastrointestinal sleeve which may be inverted inside delivery lumen 3523. Inflation lumen 3524 is in communication with balloon 3540. Boot release lumen 3526 is in communication with a boot release opening 3536 formed in a side of distal portion 3522.

Balloon 3540 is coupled to distal portion 3522 of delivery catheter 3520. Balloon 3540 is configured to form a substantially fluid-tight seal between a proximal portion of a sleeve, such as a gastrointestinal sleeve, and distal portion 3522 of delivery catheter 3520, when a proximal portion of a gastrointestinal sleeve is placed over distal portion 3522 of delivery catheter 3520. Balloon 3540 is also configured to retain a gastrointestinal sleeve to delivery catheter 3520 during delivery. Balloon 3540 may be a circumferential balloon coupled around distal portion 3522 of delivery catheter 3520.

Boot 3560 is configured to wrap around a proximal portion of a gastrointestinal sleeve placed over distal portion 3522 of delivery catheter 3520. Boot 3560 is configured to prevent damage to or snagging of a proximal portion of a gastrointestinal sleeve during delivery. Boot 3560 has an outside profile configured to minimize trauma and damage to esophagus and other tissue during delivery. Boot 3560 may also help to retain a gastrointestinal sleeve to delivery catheter 3520. Boot 3560 includes a boot release 3561. Boot release 3561 may be, for example, a suture, wire, or other means that runs through boot release lumen 3526, exits out of boot release opening 3536, and attaches to boot 3560. Boot release 3561 is configured to unzip, tear open, cut, degrade, or otherwise disassociate boot 3560 to release it from delivery catheter 3520. Boot 3560 may include perforations 3562 and a tongue 3563 to facilitate release. Boot 3560 may be made of plastic, fabric, or other suitable material. When sleeve delivery device 3500 is used to deliver a gastrointestinal cuff together with a gastrointestinal sleeve, boot 3560 may be long enough to wrap around both the gastrointestinal cuff and the proximal portion of the gastrointestinal sleeve. A boot 3560 may also be used with sleeve delivery devices 1500 and 2500.

Pump 3570 is configured to be coupled to pump port 3517. Pump 3570 is configured to pump a fluid such as water into delivery lumen 3523 to evert a gastrointestinal sleeve loaded

onto delivery catheter 3520. Pump 3570 may include controls for pressure, volume, flow rate, time, or other parameters.

FIGS. 11D-11G show one embodiment of a method for loading sleeve delivery device 3500. FIG. 11D shows placing a proximal portion of a gastrointestinal sleeve over distal portion 3522 of delivery catheter 3520 and over balloon 3540. FIG. 11E shows folding the proximal portion of the gastrointestinal sleeve around distal portion 3522 of delivery catheter 3520. The loading may be continued by inserting a grasper, such as a loop snare, through delivery lumen 3523 and the gastrointestinal sleeve, sealing a distal portion of the gastrointestinal sleeve, and using the loop snare to pull the distal portion of the gastrointestinal sleeve into delivery lumen 3523 to invert the gastrointestinal sleeve into delivery lumen 3523. FIG. 11F shows wrapping boot 3560 around the now folded proximal portion of the gastrointestinal sleeve and attaching boot 3560 to boot release 3561. FIG. 11G shows inflating balloon 3540. Further examples of everting systems and methods that can be used with the systems and methods disclosed herein can be found, for example, in U.S. Pat. No. 8,118,774 and U.S. Pat. Pub. No. 2007/0198074, both of which are incorporated by reference in their entireties.

FIGS. 12A-12C show one embodiment of an anchor delivery device 1600. FIG. 12A shows a perspective view of anchor delivery device 1600. FIG. 12B shows an exploded view of anchor delivery device 1600. FIG. 12C shows an enlarged cross-sectional view of a distal portion of anchor delivery device 1600 with a tissue anchor loaded.

Anchor delivery device 1600 includes a handle 1610, a sheath 1650, a delivery needle 1660, and a stylet 1670.

Handle 1610 includes a needle control 1616 and a stylet control 1617.

Sheath 1650 includes a proximal portion 1651, a distal portion 1652, and a sheath lumen 1655. Proximal portion 1651 of sheath 1650 may be coupled to handle 1610. Sheath 1650 is configured to be slidably disposed in a working lumen of an endoscope.

Delivery needle 1660 is slidably disposed in sheath lumen 1655. Delivery needle 1660 includes a proximal portion 1661, a distal portion 1662, and a needle lumen 1665. Proximal portion 1661 may be coupled to needle control 1616. Distal portion 1662 may include a tip 1668 that is sharp. Alternatively, tip 1668 may be atraumatic and coupled to an RF or other energy source. Distal portion 1662 may be advanced out of and refracted into sheath 1620. Distal portion 1662 may be preformed with a curve, or made of a shape memory material. This curve may be straightened out when distal portion 1662 is retracted into sheath 1620. Distal portion 1662 may be made of the same material as the rest of delivery needle 1660. Alternatively, distal portion 1662 may be made of a different material for greater curve and/or flexibility. For example, distal portion 1662 may be made of a polyamide and the rest of delivery needle 1660 may be made of nitinol. Delivery needle 1660 is configured to receive a tissue anchor collapsed into a delivery configuration.

Stylet 1670 is slidably disposed in needle lumen 1665. Stylet 1670 includes a proximal portion 1671 and a distal portion 1672. Proximal portion 1671 may be coupled to stylet control 1617. Distal portion 1672 may be advanced out of and retracted into delivery needle 1660. Stylet 1670 is configured to push out a tissue anchor loaded in delivery needle 1660.

FIGS. 13A-13E show one embodiment of a method for using anchor delivery device 1600. Other systems and methods that can be used or modified for use with anchor delivery devices as described herein can be found, for example, in U.S. Pat. Pub. No. 2009/0012541 to Dahl et al., which is hereby incorporated by reference in its entirety.

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FIG. 13A shows loading anchor delivery device 1600 with a tissue anchor, e.g., tissue anchor 1300. Delivery needle 1660 is retracted inside sheath 1650. A distal retention element of a tissue anchor is loaded into delivery needle 1660. A proximal retention element of tissue anchor 1300 hangs outside of delivery needle 1660. A therapeutic agent, e.g., an antibiotic gel, may also be loaded into delivery needle 1660.

FIG. 13B shows advancing delivery needle 1660 through sheath 1650 and transmurally through a tissue wall W. The proximal retention element is maintained on a proximal side of the tissue wall W, e.g., on a mucosal surface. In other embodiments tissue anchor 1300 may be placed through a plication.

FIG. 13C shows advancing stylet 1640 through delivery needle 1630 to deploy the distal retention element on a distal side of the tissue wall W, e.g., on a serosal surface. The antibiotic gel may also be pushed out.

FIG. 13D shows positioning and/or turning over tissue anchor 1300 as necessary using laparoscopic instruments positioned on the distal side of the tissue wall W.

FIG. 13E shows retracting delivery needle 1660 back through the tissue wall and back into sheath 1650, leaving a tension element of tissue anchor 1300 in place through the tissue wall W.

FIGS. 14A-14C show one embodiment of a stent 1690. FIG. 14A shows a top view of stent 1690. FIG. 14B shows stent 1690 in an collapsed configuration coupled to a gastrointestinal cuff. FIG. 14C shows stent 1690 in an expanded configuration coupled to a gastrointestinal cuff.

Stent 1690 may be removably coupled to a gastrointestinal cuff to create a working space inside the esophagus. Stent 1690 may also be used without being coupled to the gastrointestinal cuff. Stent 1690 may be used in conjunction with anchor delivery device 1600.

Stent 1690 includes a plurality of proximal segments 1691 and a plurality of distal segments 1692 connected by connecting segments 1693. Proximal segments 1691 may include proximal drawstring holes 1694. A proximal drawstring 1695 may be threaded through proximal drawstring holes 1692. A proximal drawstring control 1696 may be coupled to proximal drawstring 1695. Proximal drawstring control 1696 is configured to loosen and tighten proximal drawstring 1695 to expand and collapse a proximal portion of stent 1690. Distal segments 1692 may include distal drawstring holes 1697. A distal drawstring 1698 may be threaded through distal drawstring holes 1697. A distal drawstring control 1699 may be coupled to distal drawstring 1698. Distal drawstring control 1699 is configured to loosen and tighten distal drawstring to expand and collapse a distal portion of stent 1690.

Stent 1690 may be removably coupled to an inner surface of a proximal portion of a gastrointestinal cuff. Stent 1690 may be sutured to the gastrointestinal cuff. Stent 1690 may be delivered in a collapsed configuration together with the gastrointestinal cuff, and expanded at an attachment point to create a working space. When the working space is no longer needed, the sutures may be cut and removed, and stent 1690 collapsed and removed.

Stent 1690 may also be used without being coupled to a gastrointestinal cuff. Stent 1690 may be delivered in a collapsed configuration into a previously placed gastrointestinal cuff, and expanded to create a working space. When the working space is no longer needed, the stent 1690 may be collapsed and removed.

FIGS. 15A-15G show another embodiment of an anchor delivery device 2600. FIG. 15A shows a perspective view of anchor delivery device 2600.

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FIG. 15B shows an exploded view of anchor delivery device 2600. FIG. 15C shows a side cross-sectional view of a distal portion of anchor delivery device 2600. FIG. 15D shows a side cross-sectional view of a distal portion of sled 2650. FIG. 15E shows a side view of a delivery needle 2660, a pushrod 2670, and a holder 2680. FIG. 15F shows an enlarged view of a delivery needle 2660 and a pushrod 2670. FIG. 15G shows an end cross-sectional view of a distal portion of anchor delivery device 2600.

Anchor delivery device 2600 includes a handle 2610, a catheter 2620, a side port 2630, a sled 2650, a delivery needle 2660, pushrod 2670, and a holder 2680.

Handle 2610 includes a needle control 2616, a pushrod control 2617, and a holder control 2618.

Catheter 2620 includes a proximal portion 2621, a distal portion 2622, and a longitudinal axis 2623. Catheter 2620 also includes a central lumen 2625. Distal portion 2622 may include a nose 2626 having an opening 2627. Nose 2626 may be soft and flexible. Nose 2626 may be elongate. Nose 2626 may be curved. Opening 2627 may be configured to allow an endoscope or other tool to pass through. Distal portion 2622 may also include an alignment slot 2628 and a stop 2629.

Side port 2630 is formed in a side of distal portion 2622 of catheter 2620. Side port 2630 includes a proximal side 2631 and a distal side 2632. Side port 2630 may optionally include a tissue brace 2634 slidably disposed within a brace lumen of catheter 2620. Tissue brace 2634 may be configured to removably cover side port 2630 to prevent tissue from prematurely entering side port 2630. Side port 2630 may be coupled to a vacuum source. Side port 2630 may be configured to be placed against and draw in a tissue wall. Side port 2630 may be sized larger to allow enough of a tissue wall to be drawn in for single-wall (transmural) anchor delivery, or sized smaller for double-wall (plication) anchor delivery. For single-wall anchor delivery, side port 2630 may have a length of 10 mm to 50 mm or greater, such as a length of 20 mm to 30 mm.

Sled 2650 is slidably disposed in central lumen 2625. Sled 2650 includes a sheathing channel 2655 having a proximal opening 2656. Sled 2650 may be coupled to a sled control rod 2657 configured to move sled 2650. Sled control rod 2657 may be coupled to handle 2610. Sled 2650 may include an alignment tab 2658 which cooperates with alignment slot 2628 to align proximal opening 2656 with side port 2630. Sled 2650 may be configured to slide in central lumen 2625 distally until it reaches stop 2629. When sled 2650 has reached stop 2629, proximal opening 2656 of sheathing channel 2655 may be positioned at distal side 2632 of side port 2630. Sled 2650 may be removed from catheter 2620 for reloading.

Delivery needle 2660 is slidably disposed in sheathing channel 2655. Delivery needle 2660 includes a distal control portion 2661, a proximal delivery portion 2662, and a needle lumen 2665. Distal control portion 2661 may be coupled to a needle control rod 2667. Needle control rod 2667 may be coupled to needle control 2616. Proximal delivery portion 2662 includes a tip 2668 that is sharp. Alternatively, tip 2668 may be atraumatic and coupled to an RF or other energy source. Delivery needle 2660 has a reverse orientation, with tip 2668 pointed proximally (e.g., toward the oropharynx, when the device 2600 is deployed transesophageally via an endoscopic technique) and movable from a first, e.g., distal retracted position to a second, e.g., proximal position for delivering a tissue anchor across a body luminal wall. Proximal delivery portion 2662 may be advanced out of and retracted into sheathing channel 2655. When advanced out of sheathing channel 2655, proximal delivery portion 2662 may

enter distal side **2632** of side port **2630**. Delivery needle **2660** is configured to receive a tissue anchor collapsed into a delivery configuration. Delivery needle **2660** may include a slot **2669** configured to allow a tension element of a tissue anchor to pass through.

Pushrod **2670** is slidably disposed in needle lumen **2664**. Pushrod **2670** includes a distal control portion **2671** and a proximal delivery portion **2672**. Distal control portion **2671** may be coupled to a pushrod control rod **2677**. Pushrod control rod **2677** may be coupled to pushrod control **2617**. Pushrod **2670** has a reverse orientation, with proximal delivery portion **2672** pointed proximally. Proximal delivery portion **2672** may be advanced out of and retracted into delivery needle **2660**. Pushrod **2670** is configured to push out a tissue anchor loaded in delivery needle **2660**. Pushrod **2670** may include at least a portion, e.g., proximal delivery portion **2672**, sized small enough to push against a hub of a tissue anchor without damaging the tissue anchor or a portion thereof, e.g., the petals. Pushrod **2670** may include a channel **2679** configured to allow a tension element of a tissue anchor to pass through. Channel **2679** of pushrod **2670** may be aligned with slot **2669** of delivery needle **2660**.

Holder **2680** may be coupled to a holder control rod **2687**. Holder control rod **2687** may be coupled to holder control **2618**. Holder **2680** may be configured to hold an anchor hole of a gastrointestinal cuff over proximal opening **2656** of sheathing channel **2655**. Holder **2680** may be configured to hold an anchor hole of a gastrointestinal cuff over tip **2668** of delivery needle **2660**. Holder **2680** may be slidably and/or rotatably manipulated. Holder **2680** may be stowed when not in use.

The control rods may be arranged coaxially. For example, sled control rod **2657** may be slidably disposed in a hollow pushrod control rod **2677**, which is slidably disposed in a hollow needle control rod **2667**, which is slidably disposed in a hollow holder control rod **2687**, as shown in FIG. **15G**. As another example, pushrod control rod **2677** may be slidably disposed in a hollow needle control rod **2667**, which is slidably disposed in a hollow sled control rod **2657**, which is slidably disposed in a hollow holder control rod **2687**. Alternatively, the control rods may be arranged non-coaxially, such as in a multi-lumen carrier tube. In some embodiments, anchor delivery device **2600** may also include an integrated vacuum port operably connected to a source of vacuum. In some embodiments, the vacuum may be delivered via a port on a separate endoscope or other device.

FIGS. **16A-16F** show one embodiment of a method for using anchor delivery device **2600**. Sheathing lumen **2655** is represented by the cross-hatched area. For clarity, only delivery needle **2660** and pushrod **2670** are shown.

FIG. **16A** shows loading delivery needle **2660**. Sled **2650** is removed from catheter **2620**. Pushrod **2670** is taken out of delivery needle **2660**. An antibiotic gel may be loaded into delivery needle **2660**. A distal retention element of a tissue anchor, e.g., tissue anchor **1300**, is loaded through distal control portion **2661**. A tension element of tissue anchor **1300** is passed through slot **2669** and channel **2679**. A proximal retention element is positioned outside of delivery needle **2660**.

FIG. **16B** shows loading catheter **2620**. Pushrod **2670** is inserted into delivery needle **2660**. The distal retention element is positioned inside tip **2668**. Sled **2650** is inserted into catheter **2620** and seated in distal portion **2622**. Proximal opening **2656** of sheathing channel **2655** is positioned at distal side **2632** of side port **2630**.

FIG. **16C** shows capturing the gastrointestinal cuff. Holder **2680** may be used to hold an anchor hole of the gastrointes-

tinal cuff over proximal opening **2656** of sheathing channel **2655**. Delivery needle **2660** may be advanced a small amount so that tip **2668** threads through the anchor hole. A tissue wall **W** is drawn in through side port **2630** using a vacuum source.

The tissue wall **W** at proximal side **2631** of side port **2630** may be at least partially drawn up into central lumen **2625** of catheter **2620**. Tissue marks made previously, such as those made by tissue marking device **1400** and/or tissue marking device **2400**, may be used to position delivery needle **2660**.

FIG. **16D** shows advancing delivery needle **2660**. Delivery needle **2660** is advanced through the tissue wall **W** at distal side **2632** of side port **2630**. Pushrod **2670** is also advanced, but is not moved relative to delivery needle **2660**. Handle **2610** and needle control **2616** may be configured to preset the distance delivery needle **2660** is advanced to reduce the risk of penetrating the tissue wall **W** through proximal side **2631** of side port **2630**.

FIG. **16E** shows retracting the delivery needle **2660**. Delivery needle **2660** is retracted while keeping pushrod **2670** in place to deploy the distal retention element. The antibiotic gel may also be released.

FIG. **16F** shows stowing delivery needle **2660** and pushrod **2670**. Delivery needle **2660** and pushrod **2670** are retracted into sheathing channel **2655**. Anchor delivery device **2600** includes a delivery needle **2660** with a reverse throw, which makes it convenient for use with anchor holes on a proximal portion of a gastrointestinal cuff. The reverse throw avoids the need to draw more of the gastrointestinal cuff into side port **2630**. This and other anchor delivery systems and methods used herein can be used to accurately deliver one or a plurality of tissue anchors through a single transmural wall or to create or reinforce one or a plurality of tissue plications. Furthermore, anchor delivery system **2600** may advantageously reduce the risk of puncturing other body structures in close proximity, e.g., the aorta. In some embodiments, anchor delivery systems as described herein can be used via a pure endoscopic approach, e.g., as illustrated in connection with FIGS. **18A-18J** below, without necessarily requiring laparoscopic assistance.

FIGS. **17A-17H** show one embodiment of a method for implanting a gastrointestinal bypass device **1000**. The method may also be used with gastrointestinal bypass device **2000** and gastrointestinal bypass device **3000**.

Sleeve delivery device **1500** is mounted with cuff **1100** and sleeve **1200**. Sleeve delivery device **2500** or sleeve delivery device **3500** may also be used. Stent **1690** is coupled to cuff **1100**. Stent **1690** is cinched around sleeve delivery device **1500**.

FIG. **17A** shows introducing sleeve delivery device **1500**. Sleeve delivery device **1500** may position sleeve **1200** at or near the pylorus. Sleeve delivery device **1500** may be introduced with or without an overtube. An endoscope may be used for guidance and visualization.

FIG. **17B** shows deploying sleeve **1200**. A fluid is pumped into delivery device **1500** to evert sleeve **1200** past the pylorus and into the intestine.

FIG. **17C** shows positioning cuff **1100** and sleeve **1200** at the attachment point. Sleeve delivery device **1500** pulls cuff **1100** and sleeve **1200** proximally up to the gastroesophageal junction or other attachment points, some of which are described elsewhere in the application.

FIG. **17D** shows releasing cuff **1100** and sleeve **1200** from sleeve delivery device **1500**. Sleeve delivery device **1500** is then withdrawn.

FIG. **17E** shows introducing a laparoscopic tool **L**. Laparoscopic tool **L** is positioned on a distal side of the attach-

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ment point. Laparoscopic tool L may be used to clear tissue around the esophagus to create a working space.

FIG. 17F shows introducing anchor delivery device 1600. Anchor delivery device 1600 may be used in the working lumen of an endoscope. Anchor delivery device 1600 may be introduced with or without an overtube. Anchor delivery device 1600 is positioned on a proximal side of the attachment point. Stent 1690 is opened to create a working space.

FIG. 17G shows delivering tissue anchors 1300. Anchor delivery device 1600 is delivers tissue anchors 1300 through cuff 1100 and the wall of the esophagus. Any suitable tissue anchor may also be used. Tissue marks made earlier by tissue marking device 1400 may be used as a guide. Laparoscopic tool L may be held against the distal side of the attachment point to reduce tenting. Laparoscopic tool L may be used to flip over distal retention element 1320 of tissue anchor 1300.

FIG. 17H shows removing stent 1690 from cuff 1100. The sutures used to couple stent 1690 to cuff 1100 may be cut and removed. Stent 1690 may be cinched using proximal drawstring 1695 and/or distal drawstring 1698 and removed. Stent 1690 may be removed with or without an overtube.

FIGS. 18A-18J show yet another embodiment of a method for implanting a gastrointestinal bypass device 3000. The method may also be used with gastrointestinal bypass device 1000 and gastrointestinal bypass device 2000.

Sleeve delivery device 1500 is mounted with cuff 3100 and sleeve 3200. Sleeve delivery device 2500 or sleeve delivery device 3500 may also be used.

FIG. 18A shows introducing sleeve delivery device 1500. Sleeve delivery device 1500 may position sleeve 3200 at or near the pylorus. Sleeve delivery device 1500 may be introduced with or without an overtube. An endoscope may be used for guidance and visualization.

FIG. 18B shows deploying sleeve 3200. A fluid is pumped into delivery device 1500 to evert sleeve 3200 past the pylorus and into the intestine.

FIG. 18C shows positioning cuff 3100 and sleeve 3200 in the stomach. Sleeve delivery device 1500 pulls cuff 3100 and sleeve 3200 into the stomach.

FIG. 18D shows releasing cuff 3100 and sleeve 3200 from sleeve delivery device 1500. Sleeve delivery device 1500 is then withdrawn.

FIG. 18E shows introducing catheter 2620 of anchor delivery device 2600. Catheter 2260 of anchor delivery device 2600 is introduced through the esophagus. An endoscope may be used for guidance and visualization.

FIG. 18F shows grasping cuff 3100. A grasping tool is introduced through catheter 2260 to grasp cuff 3100 and pull cuff 3100 over catheter 2260. Sled 2650 is introduced into catheter 2260 and used to hold cuff 3100.

FIG. 18G shows positioning cuff 3100 and sleeve 3200 at an attachment point. Catheter 2620 pulls cuff 3100 and sleeve 3200 proximally up to the gastroesophageal junction or other attachment points, some of which are described elsewhere in the application.

FIG. 18H shows drawing a portion of a tissue wall into side port 2630 of anchor delivery device 2620. A vacuum may be applied through the working lumen of an endoscope placed in central lumen 2625.

FIG. 18I shows delivering tissue anchor 1300. Anchor delivery device 2600 is used to deliver tissue anchors 1300 through cuff 3100 and the wall of the esophagus. Any suitable tissue anchor may also be used. Tissue marks made earlier by tissue marking device 1400 may be used as a guide.

FIG. 18J shows removing anchor delivery device 2600.

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Alternatively, the method may include first deploying sleeve 3200 without cuff 3100, then anchoring cuff 3100 at the attachment point, and then grasping sleeve 3200 to attach sleeve 3200 to cuff 3100.

FIGS. 19A-19F show one embodiment of a method for exchanging a sleeve 2200. The method may also be used for exchanging a sleeve 3200. In some embodiments, anchor delivery device 2600 may be used to replace tissue anchors 1300, such as those that may have pulled out of tissue, without necessarily requiring exchange of sleeve 3200 and/or cuff 3100.

FIG. 19A shows a cuff 2100 and a sleeve 2200 implanted in an esophagus. A grasping tool is introduced into the esophagus.

FIG. 19B shows removing sleeve 2200. The grasping tool passes through cuff 2100 to grasp sleeve 2200. The grasping tool may be configured to pull drawstring 2241 to cinch ring 2240 of sleeve 2200. Halo 2260 or attachment elements 3260 may be cut. Sleeve 2200 is pulled out.

FIG. 19C shows introducing sleeve delivery device 1500. Sleeve delivery device 1500 passes through cuff 2100 and may position sleeve 2200 at or near the pylorus. Sleeve delivery device 1500 may be introduced with or without an overtube. Sleeve delivery device 2500 or sleeve delivery device 3500 may also be used. An endoscope may be used for guidance and visualization.

FIG. 19D shows deploying sleeve 2200. A fluid is pumped into delivery device 1500 to evert sleeve 2200 past the pylorus and into the intestine.

FIG. 19E shows positioning sleeve 2200 in the stomach. Sleeve delivery device 1500 pulls sleeve 2200 into the stomach.

FIG. 19F shows releasing sleeve 2200 from sleeve delivery device 1500. Sleeve delivery device 1500 is then withdrawn.

FIG. 19G shows grasping sleeve 2200. A grasping tool may be passed through cuff 2100 to grasp sleeve 2200. The grasping tool may be configured to pull drawstring 2241 to cinch ring 2240 of sleeve 2200.

FIG. 19H shows attaching sleeve 2200 to cuff 2100. The grasping tool pulls ring 2240 of sleeve 2200 into cuff 2100 so that ring 2240 may be coupled to retainer 2140. Halo 2260 or attachment elements 3260 may be coupled to hooks 2160 or attachment holes 3160, respectively.

While the foregoing has been with reference to particular embodiments of the invention, it will be appreciated by those skilled in the art that changes in these embodiments may be made without departing from the principles and spirit of the invention, including embodiments that do not provide all the features and benefits described herein. It will be understood by those skilled in the art that the present disclosure extends beyond the specifically disclosed embodiments to other alternative or additional embodiments and/or uses and obvious modifications and equivalents thereof. In addition, while a number of variations have been shown and described in varying detail, other modifications, which are within the scope of the present disclosure, will be readily apparent to those of skill in the art based upon this disclosure. It is also contemplated that various combinations or subcombinations of the specific features and aspects of the embodiments may be made and still fall within the scope of the present disclosure. Accordingly, it should be understood that various features and aspects of the disclosed embodiments can be combined with or substituted for one another in order to form varying modes of the present disclosure. Thus, it is intended that the scope of the present disclosure herein disclosed should not be limited by the particular disclosed embodiments described

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above. For all of the embodiments described above, the steps of any methods need not be performed sequentially.

What is claimed is:

1. A gastrointestinal cuff device configured to be attached 5
in a gastrointestinal lumen, the device comprising:
a liner having a proximal portion and a distal portion, the
proximal portion including a scalloped edge having a
plurality of peaks and valleys, the liner configured to
open and close with the gastrointestinal lumen; and 10
a scaffold coupled to the liner distal to the scalloped edge,
the scaffold having a plurality of proximal segments
closer to the scalloped edge and distal segments farther
from the scalloped edge, the proximal segments and
distal segments coupled by connecting segments, the 15
proximal segments positioned distally to the valleys, the
scaffold configured to provide an outward bias to
increase conformance of the liner to an inside surface of
the gastrointestinal lumen.
2. The device of claim 1, wherein the peaks and the valleys
are substantially similar in size and shape.

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3. The device of claim 1, wherein the peaks and the valleys
vary in size and shape.

4. The device of claim 1, wherein the peaks each include an
anchor hole.

5. The device of claim 1, wherein the proximal portion is
capable of opening wider than a remainder of the liner.

6. The device of claim 1, wherein the scaffold is shaped like
a wave.

7. The device of claim 1, wherein the scaffold is shaped like
a sawtooth wave.

8. The device of claim 1, wherein the scaffold is shaped like
a sine wave.

9. The device of claim 1, wherein the scaffold is coupled to
an inner surface of the liner.

10. The device of claim 1, wherein liner includes an inner
layer and an outer layer, and wherein the scaffold is coupled
to the liner between the inner layer and the outer layer.

11. The device of claim 1, wherein the outward bias is large
enough to open the liner when the gastrointestinal lumen is
open.

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